

# **Change of Ownership Licensing Application for Child Care Learning Centers and Group Day Care Homes**



Bright from the Start  
Georgia Department of Early Care and Learning  
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Atlanta, Georgia 30334  
404-657-5562  
[www.dec.al.ga.gov](http://www.dec.al.ga.gov)

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# Change of Ownership Licensing Application

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# **Section A:**

# **Introduction**

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## STEPS FOR SUCCESSFUL APPLICATION

1. Obtain the change of ownership licensing application package and become familiar with appropriate rules for the type of facility you are planning. The package may be downloaded from the Bright from the Start website at [www.dec.state.ga.us](http://www.dec.state.ga.us)
2. Plan your facility for compliance with the rules and submit your completed application to the Applicant Services Unit (ASU) at Bright from the Start: Georgia Department of Early Care and Learning. The mailing address is: 2 Martin Luther King Jr. Drive SE, Suite 670-East Tower, Atlanta, GA 30334.
3. Submit the completed *Affidavit Verifying Status for Child Care Learning Center/Group Day Care Home License Application*. This should be signed and notarized and submitted with your completed application. This should be completed by the owner of the business or the person legally responsible for the business.
4. Submit with your application a copy of the floor and site plans of your facility. The floor plan should show all rooms of your facility and ages assigned to these rooms. Your site plan should show the property of your location and the building(s) and playground(s) on this property. Please be as detailed as possible. You may submit original floor and site plans from the former owner, however, if you have made any changes to the facility or playgrounds please indicate these on the floor and site plans that you submit.
5. If the ownership of your facility is under an Inc. or a LLC, you will need to submit the following documentation:
  - a certificate of incorporation with the articles of incorporation must be included as well as by-laws, when applicable.
  - Also for corporations, all information listed on the application regarding your corporation should match the information listed with Secretary of State. This can be verified at [www.sos.ga.gov/corporations](http://www.sos.ga.gov/corporations)
6. A signed copy of the purchase agreement or a copy of the signed lease agreement must be submitted with your application verifying your ownership of the facility.
7. The director of your facility should submit a complete, notarized criminal record check application and complete the live scan fingerprinting procedure. (If director has already done this – fingerprint results must be less than a year old to be considered current. If they are over a year old – director must complete this process again.)
8. After your application has been submitted and reviewed, supporting documentation will be pulled from the former facility's state file in an attempt to complete your application. This documentation will include copies of the following:
  - zoning approval
  - fire marshal approval
  - building inspector approval
  - documentation of city or county water and/or approvals for septic systems or well water

\*Please note that if any of these approvals are unable to be pulled from the original state file, it will be your responsibility to obtain and submit them in order to complete your application. All documentation must be complete and on file before an initial licensing study will be done at your facility.
9. After your application is complete and has been approved, an ASU consultant will contact you to review a Licensing Prep Checklist and to schedule an on-site inspection to determine compliance with the rules and regulations.  
If your facility is approved during the on-site inspection, post "**Permission to Operate**" notice, begin operation and pay your annual licensing fee within 30 days in order to receive your licensing certificate.

## **APPLICATION DEFINITIONS**

### **Child Care Learning Center:**

- is operated by a person, society, agency, corporation, institution, or group that receives pay for care of children.
- children remain less than 24 hours per day.
- provides care for 19 or more children, less than 18 years of age.

### **Group Day Care Home:**

- is operated by any person, partnership, association, or corporation that receives pay for care of children.
- operates less than 24 hours per day.
- provides care for 7 to 18 children, less than 18 years of age.

**LICENSE FEE MUST BE SUBMITTED PRIOR TO YOUR OFFICAL LICENSE BEING ISSUED BY BRIGHT FROM THE START.**

The Georgia Legislature passed House Bill 1055 which requires annual fees for applications for licensure or commission as a Child Care Learning Center or Group Day Care Home.

The following fees apply, based upon the facility's anticipated capacity :

FACILITY CAPACITY	FEE AMOUNT	LATE FEE AMOUNT
Capacity fewer than 25 children	\$50.00	\$25.00
Capacity 26 to 50 children	\$100.00	\$50.00
Capacity 51 to 100 children	\$150.00	\$75.00
Capacity 101 to 200 children	\$200.00	\$100.00
Capacity 201 or more children	\$250.00	\$125.00

**License Fees are non-refundable.**

**A License will be revoked for failure to pay the License fee.**

**\*\*NOTE: Fees are paid AFTER Initial Licensing Study and Permission to Operate has been given.**

# **Section B:**

# **Application for**

# **Change of Ownership**

Application for Change of Ownership.....	1B
Citizenship Affidavit.....	2B
Instructions for Completing Change of Ownership Application.....	3B
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## BRIGHT FROM THE START: GEORGIA DEPARTMENT OF EARLY CARE AND LEARNING

2 Martin Luther King Jr. Drive, SE; Suite 670-East Tower; Atlanta, GA 30334

www.dec.state.ga.us

### LICENSE APPLICATION FOR CHANGE OF OWNERSHIP

Application for: (Check one)

Child Care Learning Center: ☐ License ☐ Commission

Group Day Care Home: ☐ License ☐ Commission

*If the center that you have purchased currently has the GA Lottery Pre-k Program and you wish to continue it, you must also complete a Pre-K Packet Change of Ownership packet.*

A license/commission to operate a Child Care Learning Center/Group Day Care Home is issued to the governing body of the center, meaning the person or entity (corporation, LLC, partnership, board) that owns the center.

#### Applicant Information:

Name of Owner/Corp/LLC/Board

Mailing Address

City/Zip/County

Name of Contact Person

Title

Daytime Telephone Number

E-mail Address

#### Facility Information (New name, if changing):

Name of Center

Site Address

City/State/Zip

County

Facility Telephone No.

Facility Fax No.

#### Type of Ownership (Check one)

☐ Individual

☐ Corporation

☐ LLC

☐ Partnership

☐ Board-Sponsored

SSN (individual owner) or EIN # (corporation) \_\_\_\_\_

#### Tax Status (Check one)

☐ Profit

☐ Nonprofit

Corporation/LLC: Submit a copy of corporation papers, i.e. Certificate of Inc./Org., Articles & By-Laws

Board-Sponsored: Submit a list of board members & minutes from most recent meeting.

#### Complete the following:

Is facility currently operating? ☐ Yes ☐ No (NOTE: If no, operation must resume within 30 days of previous owner suspending operation in order to be considered a change of ownership.)

Provide former license number and former program name:

Former License # \_\_\_\_\_

Former Program Name \_\_\_\_\_

If no, list date facility stopped operating: \_\_\_\_\_

**Person Legally Responsible and Official Address for all Communications:**

\_\_\_\_\_  
Name

\_\_\_\_\_  
Street or P.O. Box

\_\_\_\_\_  
City/State/Zip

\_\_\_\_\_  
Telephone No.

\_\_\_\_\_  
E-mail Address

**Name and Address of Agent for Service (for corporations & LLCs registered with the Secretary of State) for Facility:**

\_\_\_\_\_  
Name

\_\_\_\_\_  
Street or P.O. Box

\_\_\_\_\_  
City/State/Zip

\_\_\_\_\_  
E-mail Address

**Exemptions**

Do you own any exempted childcare facilities in the State of Georgia? ☐ Yes ☐ No

If yes, list the official name and address of the exempted program.

\_\_\_\_\_  
Name

\_\_\_\_\_  
Site Address

**Building Owner**

Do you own the building in which the program is housed? ☐ Yes ☐ No

If no, list the landlord's name and address:

\_\_\_\_\_  
Landlord's Name

\_\_\_\_\_  
Landlord's Mailing Address

**Attach a copy of the lease agreement, if applicable**

**Schedule:**

Months of Operation: \_\_\_\_\_

Days of Operation: \_\_\_\_\_

Hours of Operation: \_\_\_\_\_

**Age Range of Children to be Served:**

From \_\_\_\_\_

To \_\_\_\_\_

**Check all services that apply:**

- |  |   |   |  |
|--|---|---|--|
| <input type="checkbox"/> Infants & Toddlers (Ages 0-2) | <input type="checkbox"/> School-age summer care | <input type="checkbox"/> Special Needs              | <input type="checkbox"/> CACFP             |
| <input type="checkbox"/> Preschoolers (ages 3-4)       | <input type="checkbox"/> Evening Care           | <input type="checkbox"/> Transportation-field trips | <input type="checkbox"/> Drop-in care      |
| <input type="checkbox"/> School Age (Ages 5+)          | <input type="checkbox"/> Night Care             | <input type="checkbox"/> Transportation-school      | <input type="checkbox"/> Accepts Subsidies |
| <input type="checkbox"/> School Age Only               | <input type="checkbox"/> Mildly Ill Care        | <input type="checkbox"/> Transportation-home        | <input type="checkbox"/> Other             |

**Director:**

Name: \_\_\_\_\_

Date of birth \_\_\_\_\_ SSN \_\_\_\_\_

Preliminary criminal records check results are attached? ☐ Yes ☐ No

Criminal Records Check Application/Fingerprints submitted on \_\_\_\_\_ (Date)

Is this change in ownership only a legal update? \_\_\_\_ Yes \_\_\_\_ No

(Only answer "yes" if all owners/legal parties are remaining the same and only the legal name of the entity is changing.)

Upon receipt and review of a completed application, a child care consultant will conduct an inspection of the center. This inspection includes an assessment of compliance with Rules and Regulations for Child Care Learning Centers/Group Day Care Homes to include an evaluation of the physical plant, staffing, records, and services. I/We understand that the issuance of a new license may be denied for failure to comply with licensing requirements.

- A. I/We will ensure that the center adheres to all licensing requirements.
- B. I/We understand that the center is subject to unannounced inspections by Bright from the Start: Georgia Department of Early Care and Learning at any time during operating hours.
- C. I/We assume responsibility for conducting the affairs of the center herein described and for meeting all applicable regulations.
- D. I/We understand that a license to operate a center is not transferable to another individual or location.
- E. I/We understand that remodeling or modification to the center requires a plan review by Bright from the Start: Georgia Department of Early Care and Learning before new construction, alterations, or additions can begin.
- F. I/We understand that rule violations, which are determined by Bright from the Start: Georgia Department of Early Care and Learning to endanger the health and/or safety of children in care may result in adverse actions by Bright from the Start.
- G. I am/We are responsible for compliance with the rules and regulations as set forth in the rules and regulations for Child Care Learning Centers, Chapter 591-1-1, or Group Day Care Homes, Chapter 290-2-1. I/We understand that rule violations which are determined by Bright From the Start: Georgia Department of Early Care and Learning to endanger the health and/or safety of children in care may subject me/us to civil penalties of up to \$500 per violation for each day for each
- H. I/We understand that failure to comply with the regulations may result in denial or revocation of the license to operate the facility.
- I. I/We declare there have been no license/registration revocation proceedings initiated against me/us within one year of the date of this application.

False or misleading statements made on any part of the application may void this application and lead to the denial or revocation of a license issued on the basis thereof. I/We hereby apply for a license. I/We understand and agree to the above statements and agree to submit a copy of the bill of sale.

\_\_\_\_\_  
Owner(s) of Center (Corp/LLC)  
(If Private owner or Partnership)

\_\_\_\_\_  
Director of Center (if different)

\_\_\_\_\_  
Board Chairman /President/CEO

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

## ***Affidavit Verifying Status for Child Care Learning Center/Group Day Care Home License Application***

By executing this affidavit under oath, as an applicant for a Child Care Learning Center/Group Day Care Home License or other public benefit as referenced in O.C.G.A. §50-36-1(3)(A), I am stating the following to be true and correct with respect to my application for a Child Care Learning Center/ Group Day Care Home License or other public benefit for \_\_\_\_\_ [Name of natural person applying on behalf of individual, business, corporation, partnership, or other private entity] Please specify the name of the business below:

\_\_\_\_\_.

- 1) \_\_\_\_\_ I am a United States citizen
  
- 2) \_\_\_\_\_ I am a legal permanent resident 18 years of age or older or I am an otherwise qualified alien or non-immigrant under the Federal Immigration and Nationality Act 18 years of age or older and lawfully present in the United States. \*

\* \_\_\_\_\_  
Alien Registration number for non-citizens

**In making the above representation under oath, I understand that any person who knowingly and willfully makes a false, fictitious, or fraudulent statement or representation in an affidavit in any matter within the jurisdiction of any department or agency of state government shall be guilty of a felony in violation of O.C.G.A. §16-10-20. See O.C.G.A. §50-36-1(g).**

Signature of Applicant:

Date

\_\_\_\_\_

Printed Name:

\_\_\_\_\_

SUBSCRIBED AND SWORN BEFORE  
ME ON THIS THE  
\_\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_\_\_

Notary Public  
My Commission Expires:

\*Note: O.C.G.A. § 50-36-1 (e )(2) requires that aliens under the federal Immigration and Nationality Act, Title 8 U.S.C., as amended, provide their alien registration number. Because legal permanent residents are included in the federal definition of "alien", legal permanent residents must also provide their alien registration number. Qualified aliens that do not have an alien registration number may supply another identifying number below:

## **INSTRUCTIONS FOR COMPLETING THE APPLICATION FOR CHANGE OF OWNERSHIP**

1. License or Commission: Check either Child Care Learning Center or Group Day Care Home. A Child Care Learning Center is defined as providing group care, for pay, without transfer of legal custody, for 19 or more children. Group Day Care is defined as providing group care, for pay, without transfer of legal custody, for 7-18 children.

Commission: A certificate conferring authority to perform various acts or duties.

**\*\*You are required to complete the same process whether you are seeking a license or commission to operate.**

2. Applicant Information: The applicant information defines the person or entity that has legal ownership of the business. (This information will be the same for owner/applicant on page 1 and page 3.)
3. Name of Center: Write the name of the center exactly as you want it to appear on the license/commission. Show the complete address for where the center will be located including the county and zip code. Effective 5/7/09 all centers are required to furnish the Department e-mail contact information so that this agency may contact the center and send information via e-mail. Please be sure to list your e-mail address accurately in this section. (Rule 290-2-1-.05(f) for GDCH and 591-1-1-.16(g) for CCLC)
4. Type of Ownership: Check the one that applies to your center. Remember to attach supporting documentation depending on the type of ownership.

Individual: Complete this section if one person owns all the assets of the business and is solely liable for all debts of the business.

Partnership: Complete this section if two or more people own the business. A partnership is a voluntary contract between two or more persons to carry on as co-owners, a business for profit.

Corporation: Complete this section if a corporation owns the business. The **name of the corporation** will be shown as **applicant**.

The mailing address is the same as the principal mailing address of the corporation. This information must be consistent with documents filed with the Secretary of State's Office. The Certificate of Registration, Articles of Incorporation, and the By-Laws must also be attached to the application.

Board Sponsored: Complete this section if a board owns the business. The name of the Board will be shown as applicant. Minutes from the board meeting approving the facility's operation, and a list of board members must also be attached to the application.

Limited Partnership: Complete this section if a limited partnership or Limited Liability Company owns the business. The name of the LLC/LLP will be shown as applicant. The Articles of Organization are also required to be attached to the application. This information must be consistent with documents filed with the Secretary of State's Office.

5. Person Legally Responsible and Official Address for all Communication: This information is the same for an individual owner as shown on Page 1 of Application Part A under Applicant Information. For corporations or board-sponsored facilities, this would be the Chief Executive Officer (CEO) or Board Chairman.
6. Name and Address of Agent for Service for Facility: This section is to be completed only for corporations, Limited Liability Partnerships, and Limited Liability Companies. This information, such as name and address, must be consistent with documents filed with the Secretary of State's Office.
7. Miscellaneous Information: (A) Provide specific information about any exempt programs operated by you in Georgia. (B) If you do not own the building where the business is to be located provide the name and complete address of the landlord. You are also required to attach a copy of the signed Lease Agreement with the application. (C) Be specific on the proposed months of operation (January-December), and proposed days of operation (Monday-Friday), and proposed hours of operation (6:30 a.m. - 7:00 p.m.). (D) Be specific and show the actual ages of the

children you propose to serve (6 weeks-12 years). (E) Check all the services you propose to provide.

\*Attach the required copies of the Floor Plan and Site Plan.

8. Owner(s) of Center: This information should be consistent with Page 1, Applicant Information. If owned by a corporation, the corporation name will go on Page 3 and the CEO will sign below and should be a signature-not a printed name.
9. Director Information: This information should be completed on the Director.
10. Board Chairman/President: This information should be consistent with Page 1, Applicant Information and should be a signature-not a printed name.

## CHECKLIST – CHANGE OF OWNERSHIP APPLICATION

Applicant's Name: \_\_\_\_\_

Facility Name: \_\_\_\_\_ County: \_\_\_\_\_

To submit to Bright from the Start:

	Application for Change of Ownership
	Citizenship Affidavit
	Copy of Purchase Agreement or copy of Lease Agreement
	Floor Plan
	Site Plan
	Live scan Results and copy of Criminal Records Check Application on Director
	Required Inc. documentation (if applicable)
	Documentation of Food Service Permit and Caterer's Permit (if using an outside source to cater your meals) (If applicable)

To be pulled from original state file by Consultant or to obtain if needed by Applicant:

	Zoning approval
	Fire Marshal approval
	Building Inspector approval
	Confirmation of city/county water/sewer (copy of bill)
	Confirmation of septic or well (Environmental Health) (only if applicable)



# **Section C:**

## **Criminal Records Checks**

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## CRIMINAL RECORDS CHECK GUIDELINES

Georgia law (O.C.G.A. Title 20-1A-30 et.seq.) requires satisfactory criminal records checks on directors and employees of all child care facilities as a condition of licensure. No person with unsatisfactory results may become an employee or director of a child care facility.

Director is defined as the chief administrative or executive officer of a facility. This person is responsible for the daily on-premises supervision, operation and maintenance of the facility.

Georgia law requires that a criminal records check clearance for an employee or director be on file before the person begins employment. This clearance must be on file for the director before the center can be initially licensed.

**FINGERPRINT PROCESSING:** The director is required to contact Cogent Systems to register for fingerprinting. The director may register online at [www.ga.cogentid.com](http://www.ga.cogentid.com) or by calling 1-888-439-2512. The director must also submit a notarized criminal records check application to Bright from the Start by fax to 404-657-8936 or mail to Criminal Records Check office; 2 Martin Luther King Jr. Drive, SE; Suite 754, East Tower; Atlanta, Georgia 30334.

### **Who must be fingerprinted?**

- a) Director of licensed facilities.
- b) An employee who is promoted to a director.
- c) Any director of a licensed facility who becomes a director of another licensed facility must be re-fingerprinted if it has been more than (12) twelve months since their last satisfactory fingerprint check results. If the fingerprint records check determination was processed less than (12) twelve months earlier, a copy of current results must be submitted for verification.

Please note that in order to obtain a valid license the director must have had a satisfactory national fingerprint criminal record check clearance from Bright from the Start within the preceding twelve months. If your application is completed more than twelve months from the date you received a satisfactory national fingerprint criminal record check clearance from Bright from the Start, you will not receive a valid license until you

submit a new national fingerprint criminal record check application through Cogent.

Employee is defined as any person other than a director, employed by a facility to perform at any of the facilities any duties which involve personal contact between that person and any child being cared for at the facility and also includes any adult person who resides at the facility or who, with or without compensation, performs duties for the facility which involves personal contact between that person and any child being cared for by the facility.

**RECORDS CHECK PROCESSING: All employees, even those with no break in service from one facility to the next must have a GCIC clearance in their file from a local law enforcement agency, run under purpose code “W”. This clearance must be less than 12 months old and will be checked at the Initial Licensure Visit. Note: Private screening companies are not allowed.**

**Who must have a criminal records check determination?**

- a) All employees of licensed or registered facilities including regular substitutes.
- b) Volunteers and auxiliary staff who have personal contact with children without the supervision of any employee, such as dance instructors, custodians.
- c) Owners, other than directors, and supervisory personnel (regional or district directors) who do not actively participate in operation but have contact with children.

EXCEPTION: Records check determinations are not required for students in training as defined by Rules and Regulations for Child Care Learning Centers, Chapter 591-1-1.

# ***Live Scan Fingerprinting Procedure***

Live Scan fingerprinting is an electronic process managed by Cogent Systems, Inc. Your fingerprints will be scanned with a computer. You **DO NOT** need fingerprint cards.

*Please read this page carefully before you begin.*

**1. Register – you must first contact Cogent Systems, Inc. to register.**

You may do this one of two ways:

**Online** at [www.ga.cogentid.com](http://www.ga.cogentid.com) **or**

**By phone** at 1-888-439-2512.

**Important! You will need the following information to register:**

**Transaction Reason** is “Bright from the Start: Child Care/Family Day Care Home”.

**ORI number** is GA922290Z.

**Verification code** is 922290Z.

**The processing fee as of July 1, 2009, is \$52.90.**

If paying online, credit or debit is accepted.

You will receive a registration confirmation number. **Write down the registration confirmation number and save it. Be sure to write this number on your Criminal Record Check Application.**

**2. Locate the nearest fingerprinting location either:**

**Online** – once registered, click on “Print Location & Hours”, then click on your county on the Georgia map to locate the site closest to you or

**By phone** – once registered, ask for the fingerprinting location closest to you.

**3. Take the registration confirmation number and go to the fingerprinting location nearest you.**

You must also take identification. A picture id is preferred.

If paying at the fingerprinting site, you must pay with a money order or cashier’s check for \$52.90, payable to **Cogent Systems**.

**NO CASH OR PERSONAL CHECKS WILL BE ACCEPTED AT THE FINGERPRINTING LOCATIONS!**

Your fingerprints will be scanned with a computer and the results will be forwarded electronically to Bright from the Start for review.

**4. After you have completed the Live Scan fingerprint process, you must immediately submit a notarized criminal records check application and the Cogent registration confirmation number to:**

Bright from the Start-Criminal Records Unit  
2 Martin Luther King Jr. Drive, SE  
Suite 754, East Tower  
Atlanta, GA 30334

*(Do not send any payment with this application)* Your fingerprints will be scanned with a computer and the results will be forwarded electronically to Bright from the Start for review.

**(Do not send any payment with *this* application.)**



**BRIGHT FROM THE START**  
Georgia Department of Early Care and Learning  
**CRIMINAL RECORDS CHECK APPLICATION FOR CHILD CARE FACILITIES**

**INSTRUCTIONS FOR COMPLETING APPLICATION** (Revised 6/28/11)  
(Be sure to complete the fingerprinting process before sending in this application.)

Please use a blue or black ball point pen, press firmly and PRINT legibly.

**APPLICANT WILL COMPLETE THE FOLLOWING:**

First, write your COGENT ID number at the top of the form in the space provided.

1. Check the correct box that identifies the applicant.
2. Check the correct box for the type of child care facility.
3. Print your full name, including your MAIDEN name. DO NOT use initials if you have a given name.  
Print your date of birth.  
Print your sex either: Male or Female.  
Print your race: Black, White, or Other.  
Print your Social Security Number.  
Print your place of birth: City or County, State and Country if not USA.  
Print your height.  
Print your weight.  
Print the color of your eyes: DO NOT abbreviate: Brown, Black, Grey, Blue, Green, Hazel  
Print the color of your hair: DO NOT abbreviate: Brown, Black, Grey, Red, Blonde, Bald, or Other.  
Print your home and cell telephone number with area code.  
Print your complete home address and complete mailing address, if different. If the same, write "SAME".
4. ALL APPLICATIONS MUST BE NOTARIZED.  
Read consent statement.  
Sign your name as you would on a bank check or business letter.  
Obtain Notary's signature, county, and commission expiration date.

**DIRECTOR WILL COMPLETE THE FOLLOWING:**

5. Record check results will be mailed to the address that is entered here.  
Print clearly and give complete mailing address.  
Print the name of your center as it appears on your license application.  
Print the county.  
Print the mailing address of your center.  
Print the city/state/zip.
6. Director must sign his/her name as it would appear on a bank check or business letter.  
Print your name below your signature.  
Print date signed.  
Print center's telephone number.
7. Submit the completed form to:

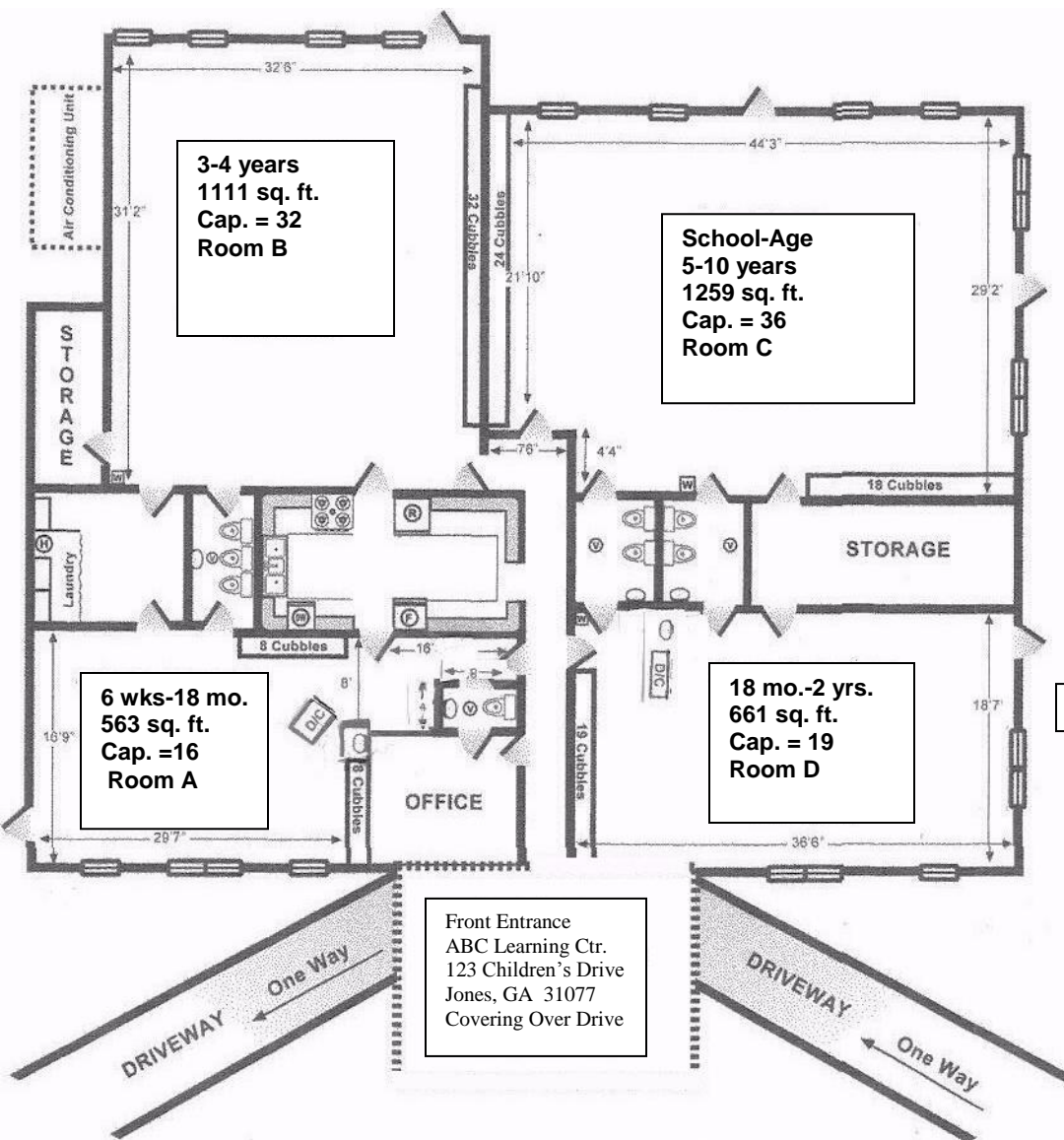
**BRIGHT FROM THE START**  
**GEORGIA DEPARTMENT OF EARLY CARE AND LEARNING**  
2 Martin Luther King Jr. Drive, SE  
Suite 754, East Tower  
Atlanta, GA 30334

# Section D:

# Floor Plan

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Windows.....	2D
Staff: Child Ratios.....	3D
Mixed Age Groups.....	4D
Diaper Changing Area.....	5D
Storage Space/ Bathrooms.....	6D
Kitchen/Laundry/ Building Safety and Repair .....	7D

# SAMPLE FLOOR PLAN



## General

Ceiling Height = 8'  
 Built in Diaper Change Table (D/C) size = 8' \ 2'  
 Hot and Cold Water at Diaper Change Tables.  
 Ill children will stay in office.  
 Six Double lights (fluorescent) in each room.  
 Gas heat/cooling units located outside building.  
 Hot Water Heater (gas) located in laundry room.  
 Building on ground level.  
 Floor: Carpet/Vinyl.  
 Walls: Painted Sheetrock  
 Ceiling: Acoustical Tile

## Windows

All Windows are 5' x 2'6" = 13 sq. ft.  
 All Windows 38" from floor.  
 50% of Windows screened and operable (S/) portion 2'8" x 2'8").  
 Blinds at Windows to dim light during nap.

## Kitchen

Electric Stove, domestic.  
 Three-Compartment Sink.  
 One Dishwasher.  
 Formica Counters.  
 35' Linear foot of counters with Storage Area.  
 Wall hung cupboards over all counters for food storage, dishes and glasses.  
 Kitchen light shielded with glass protector.

## Legend



=Two Windows  
 =Toilet  
 =Sink  
 =Water Fountain  
 =Vent  
 =Hot Water  
 =Heater  
 =Refrigerator  
 =Freezer  
 =Dishwasher  
 =3 compartment sink  
 =4' Chain Link Fence



## WINDOWS

### ***WINDOW SPACE REQUIREMENTS FOR CENTERS WITHOUT CENTRAL HEAT & AIR***

**(NOTE: THIS ONLY APPLIES IF YOU DO NOT HAVE A CENTRAL UNIT OR AIR CONDITIONER UNITS.)**

***The window space in each child care room is determined in the following way:***

- When central heat and air is not provided total window space per room must be 5% of the useable floor space.
- Multiply useable floor space by .05 to determine required window space.
- 50% of required window space must be screened and operable.
- To determine amount of space of the window multiply the length times (X) the width of the window to obtain the total square footage.

### **WINDOW SPACE REQUIREMENTS FOR CENTERS HAVING NO VENT FANS OVER THE DIAPERING SURFACES**

- If no exhaust/ventilation fan is over the diapering area, operable window space must equal 2.5% of the useable floor space.

Example: A room in the center has 1,259 square feet of usable floor space and will house diapered children.

$1,259 \times 2.5\% = 31$  square feet of screened and operable window space needed.

To measure screened and operable window space:

Open the window to the maximum opening position.

Measure the screened open area.

(Ex.  $2'2'' \times 2'0'' = 4.3$  (round down) = 4 square feet of screened and operable space for this window.

If this room needs 31 square feet of screened and operable space, then you would need 8 windows screened and operable.

Note: Screens should fit tightly to prevent insects.

## STAFF:CHILD RATIOS

### CHILD CARE LEARNING CENTER

AGE	# ADULTS	# CHILDREN
Birth to 18 months (not walking)	1	6
One (1) year olds	1	8
Two (2) year olds	1	10
Three (3) year olds	1	15
Four (4) year olds	1	18
Five (5) year olds	1	20
Six (6) year olds and older	1	25

### GROUP DAY CARE HOME

AGE	# ADULTS	# CHILDREN
Birth to 18 months (not walking)	1	6
One (1) year olds	1	8
Two (2) year olds	1	10
Three (3) year olds	1	15
Four (4) year olds	1	18
Five (5) years and older	1	18

## **MIXED-AGE GROUPS FOR CHILD CARE LEARNING CENTERS**

Children may be combined in mixed-age groups provided that infants and children younger than three (3) years are not grouped with children three (3) years and older except as set forth below. In mixed-age groups, the required staff:child ratios shall be based on the ages of the youngest children in the group if more than twenty percent (20%) of the children in the mixed-age group belongs to younger age grouping(s).

During first hour of the center's operation and last hour of operation, infants and children younger than three (3) years may be grouped with older children so long as staff:child ratios and group size are met based upon the age of the youngest child present in the group.

Children who turn three (3) years of age during the regular school year may remain grouped with other two (2) year olds for the remainder of the school year provided that the continued placement in the younger group is with the written agreement of the older child's parents and is developmentally appropriate for the child.

## **MIXED-AGE GROUPS FOR GROUP DAY CARE HOMES**

When children of different ages (including children less than 3 years) are housed together in one room, the ratio shall be based on the age of the youngest child present.

When children of different ages (3 year olds and older) are housed together in one room, the ratio shall be based on the age of the majority of the children in the group.

## DIAPER CHANGING AREAS

*The rules require the diaper changing surface must:*

- be located in child care rooms.
- be non-porous and easily cleaned.
- be large enough to contain the child being diapered.
- have guards (straps) or rails on sides to protect the child from falling.
- be positioned facing the classroom to allow for adequate supervision.

However, those children who sleep in their cribs may be changed in them.

*The diaper changing area must:*

- provide for caregivers to wash their hands with liquid soap and warm running water immediately before and after each diaper change.
- have lavatories with hot and cold running water adjacent to the diapering area. This means that the sink should be within arm's reach of the staff who is attending the child on the diapering surface.
- have liquid soap and paper towels, single-use cloths, storage for disinfectants.
- have a closed container for diaper disposal. This container must latch or be inaccessible to children who are crawling or pulling up in this room.
- have ventilation. This can be provided by a functioning exhaust fan or by the required amount of operable/screened windows.

**Note: Position diaper changing tables so that staff members can see the whole classroom as they diaper. This will help greatly with supervision. If diapering tables do not face the room a written supervision plan for extra staff will be required. Diaper changing tables must be within arm's reach of the diapering sink.**

## **STORAGE SPACE/BATHROOMS**

### **CHILDREN'S STORAGE**

- Play equipment requiring little adult supervision must be on low open shelves in classroom.
- Personal storage (coats, personal belongings, etc.) must be accessible (within reach) of children (age 1 yr. and older). Storage should also be large enough to accommodate the size of the child's belongings.
- Diaper bags must be out of reach of children and should be accessible to diaper changing area.
- Sleeping equipment (mats, cots) can be in classroom, safe from children's access.
- Allow maximum use of play space.

### **TEACHERS' SUPPLIES**

- Must be kept out of reach of children. (Examples: Teachers' purses, White-out, large teacher/adult scissors, staplers.)

### **HAZARDOUS ITEMS**

- First aid supplies, cleaning tools, supplies and medicines must be kept out of reach of children in locked area (cabinets, closets, etc.).

### **BATHROOMS**

- Bathrooms must be fully enclosed.
- Bathrooms must have proper ventilation either through a screened and operable window or a functioning exhaust fan.
- If you install any toilet or lavatory of adult height that would be used by children in any room of your facility, you must provide steps or a platform.

- Refer to your copy of the rules for the required sink/toilet ratios. Note that all applications received after 12/22/09 are required to meet revised Rule 591-1-1-.06(1) for the correct number of toilets. Two potty chairs are no longer allowed as a substitute for an additional toilet.
- Your building should be designed to allow for supervision of children during toileting. Bathrooms must be in or adjacent to classrooms for children 2 years of age. This means a shared wall or immediately across from the classroom door with a direct line of sight. For children 3 years of age and older, bathrooms must be no more than 40 feet from the classroom door and a written supervision plan must be on file.
- Toilet facilities for four-year-old children and older must be screened for privacy (for example: partitions or dividers between toilets).
- Supplies should be in children's reach: tissue should be in the child's reach when seated on the toilet; liquid soap and paper towels must be in the child's reach at the sink. The use of a stool or platform is permissible for the child to reach the sink and all supplies.

## **KITCHEN/LAUNDRY/BUILDING SAFETY & REPAIR**

If you plan to use non-disposable eating and drinking utensils, kitchens must have proper dishwashing facilities.

- This includes either a 3 compartment sink or a 2 compartment sink with a dishwasher that meets sanitizing criteria.
- An approved dishwasher has a sani-cycle or maintains rinse water of 150 degrees.

If you have difficulty locating a suitable dishwasher, you may consider installing a booster heater, a separate hot water heater, or using an approved sanitizing agent.

- Refrigerator must be 40 degrees or lower and the freezer must be 0 degrees.
- Areas for food preparation must be non-porous, easily cleaned and have no unsealed cracks or seams.
- Areas for storage of food, eating utensils and cookware must be provided.

- If your facility plans to have catered food, the caterer must have a Food Service Permit and a current inspection report and provide you with current copies of both documents to maintain in your records.

## **LAUNDRY**

- Must be separate from child care areas.
- Must contain covered storage for soiled linens.

**Note: Children cannot pass through kitchens or laundry areas to reach other parts of the facility or playground.**

## **BUILDING SAFETY AND REPAIR**

- Walls, floors and ceilings should not have holes, cracks or tears, chipping paint, peeling wallpaper, or sharp edges.
- Carpeting and vinyl must be pulled tightly and the seams secured to avoid any hazards, such as tripping.
- Screens, guards or other types of barriers must protect any type of heating or cooling equipment accessible to children. Screens should not get hot to the touch.
- It is important to develop a system of maintaining the building in good repair.

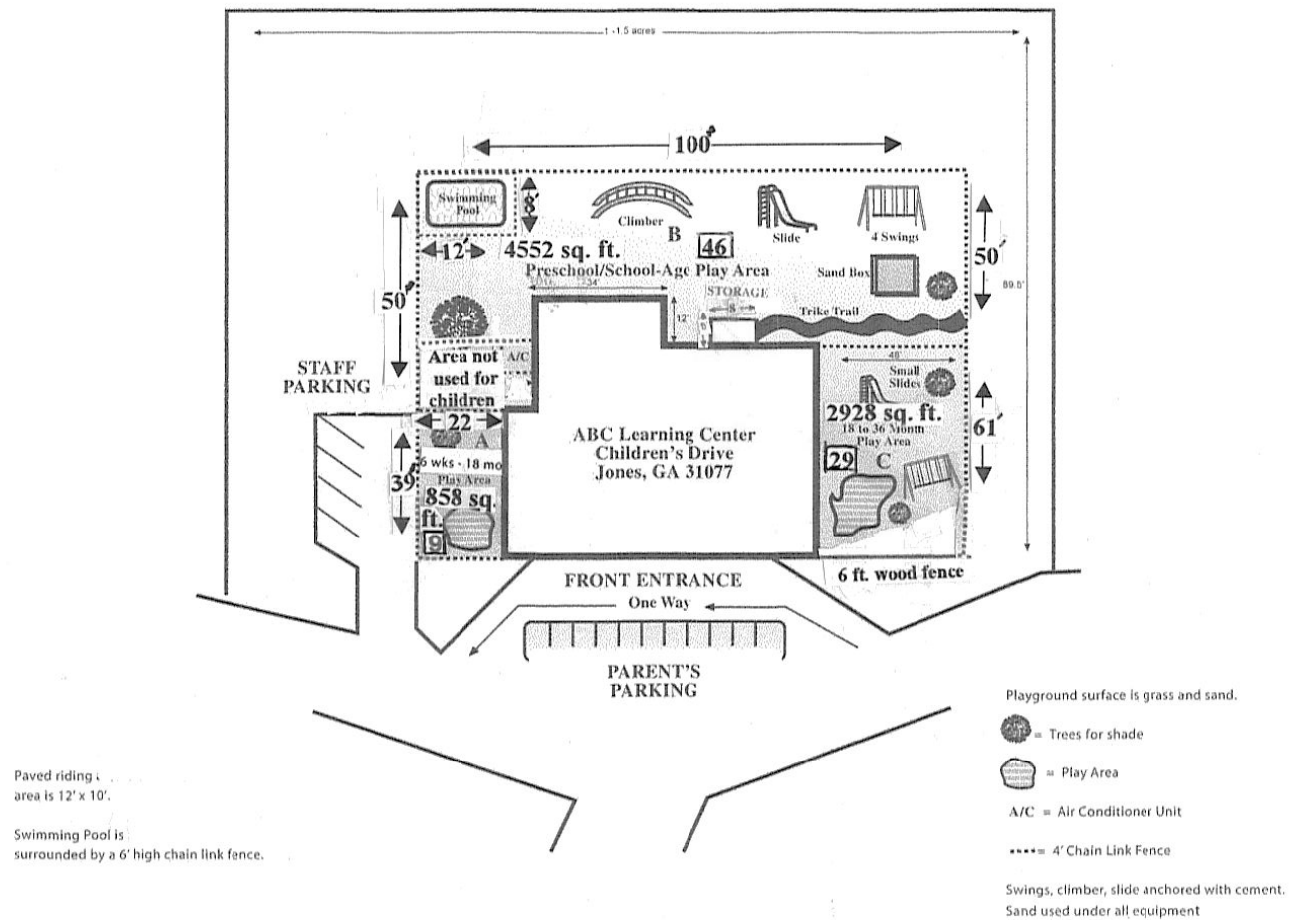
# Section E:

## Site Requirements

Sample Site Plan.....	1E
Ground Covering/Shade.....	2E
Fencing.....	3E
Play Equipment and Surfaces.....	4E
Fall Zone Swings.....	5E
Fall Zone Slides.....	6E
Fall Zone Revolving Devices .....	7E
Playground Maintenance Checklist.....	8-9E



## SAMPLE SITE PLAN



## **GROUND COVERING**

- Choose from a variety of surfaces such as grass, wood chips, sand, etc.
- Hard surfaces, such as pavement or gravel cannot exceed  $\frac{1}{4}$  of the total outside surface. Therefore, your playground may not be constructed over concrete or asphalt without first removing this hard surface.
- Play area must not contain any hazards, such as, but not limited to:
  - Uneven turf
  - Holes
  - Exposed tree roots
  - Sharp rocks
  - Briars/thorny plants
  - Mushrooms
  - Active red ant beds

## **SHADE**

- Shade may be provided by:
  - Trees
  - Equipment with shade coverings
  - Man-made structures (i.e. gazebos/canopies)
- Shade provided by your building cannot be the only source.
- Shade must be provided within each individually fenced area.

## FENCING

- **Provide at least a 4-foot-high fence around the play area.**
  - **Material must be non-hazardous without any protruding metal or wires.**

The following are approved fencing materials, if they are at least 4 feet tall:

Chain Link (with closed, bent wire- no sharp points exposed along the top)  
Wooden (no gaps between boards, no splinters)  
PVC/plastic picket fence (if gaps between pickets, must be less than 3 ½ inches)  
Wrought Iron (if gaps between rails, must be less than 3 ½ inches)

Materials not approved: Barbed wire, chicken wire, farm wire (rectangular openings), lattice (plastic or wood)

- A fence must be installed to prevent a child from becoming injured or from leaving the play area by any other means than through an approved access route. The fence must be secured at the top and meet the ground and be secured at its base. Securing the base would prevent the entrance of rodents, etc.
- Any bolt used for installation should be turned toward the outside of the fence. If pointing inside, the bolts must be cut down to no more than two threads, then filed smooth or capped.
- All screws around the entrance gate or divider fences can present a problem on either side.
- Any barrier other than fencing must be approved by the Department.
- Location of gas meter and/or heating and cooling equipment must be marked on site plan.
  - The type of barrier/fence used to prevent children from coming in contact with this equipment must be noted on the site plan.

**\*\*If barriers (i.e. landscape timbers, PVC perimeters) are added to the outdoor area to contain loose fill materials like sand/mulch, be sure that these barriers are not installed close to the fence line. The height of the barrier would reduce the overall fence height possibly causing it to be less than the minimum height of 4 feet.**

## **PLAY EQUIPMENT AND SURFACES**

- Provide enough outdoor play equipment that is age appropriate to offer a variety of activities.
- Equipment must be in safe operating condition with no rusted, broken or missing parts and no protruding nails or screws.
- Tires used for play must have holes bored in them so water drains out.
- Specific requirements for swings and climbing equipment include:
  - Must be anchored securely in the ground.
  - Chain hooks on swings must be clamped tight.
  - Slides should be installed in shaded areas.
  - Require a resilient or bouncy surface such as wood chips, sand, mulch, or pea gravel underneath and in the fall zone.
  - Height of the equipment determines the depth of the resilient surface.
  - Six inches of resilient surface is required underneath and within the fall zone of equipment five feet or higher.
  - If less than five feet, the required depth of the resilient surface is three inches.
  - Borders may be needed to maintain loose fill materials at the proper depth.
  - Any border, such as timbers or PVC pipes, built to contain the resilient surface must be installed outside of the fall zone.
- If synthetic material is used, contact the Applicant Services Unit for approval of the material prior to installation. You will be required to provide testing specifications on the product you plan to install.

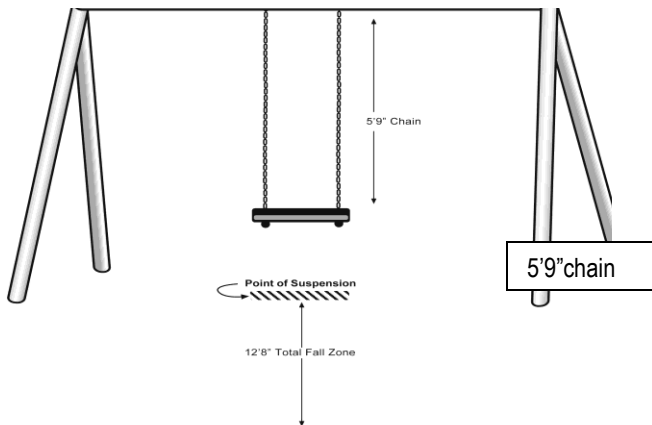
- It is important to develop a system to check the playground equipment and measure resilient surface regularly to assure that both are maintained adequately.
- Safety or encroachment zones of at least 6 feet should also be created between pieces of equipment as well as between the equipment and fencing.

## FALL ZONE

An area extending four feet from climbing structures; five feet from the bottom and side of exit area of a slide (other parts of the slide are climbing structures); seven feet plus the length of the chain from a swing's point of suspension in each direction; and seven feet from a merry-go-round and other revolving device.

### Fall Zones – Swings

(Seven feet plus the length of the chain from swing's point of suspension, must extend in front and in back of the stationary swing)

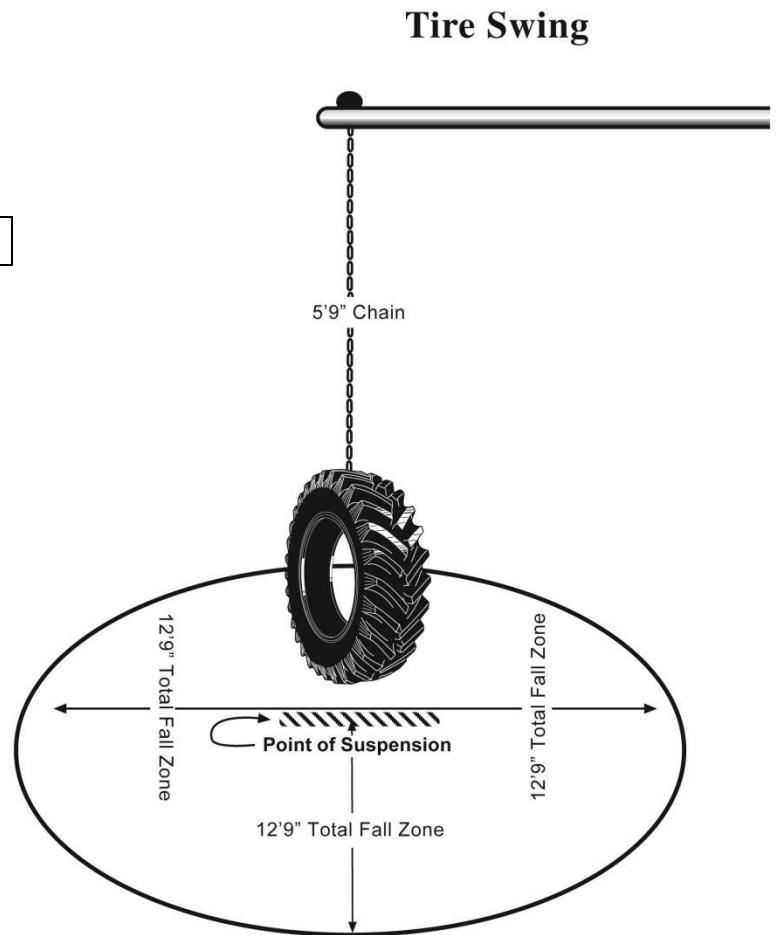


Example:

Chain = 5'9"

$5'9" + 7' = 12'9"$  fall zone

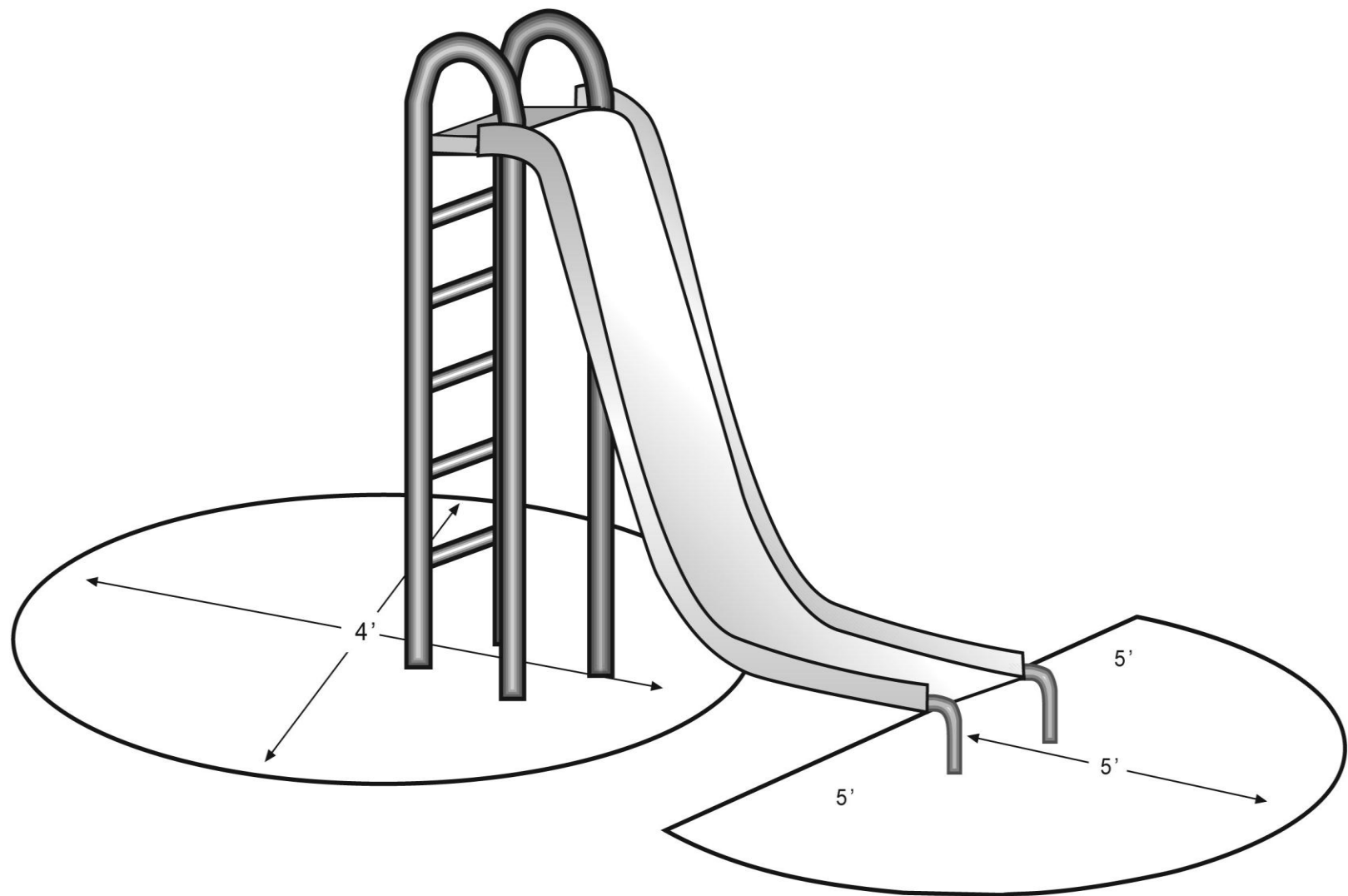
(Required in front & in back of stationary swing)



### Entrapping Equipment

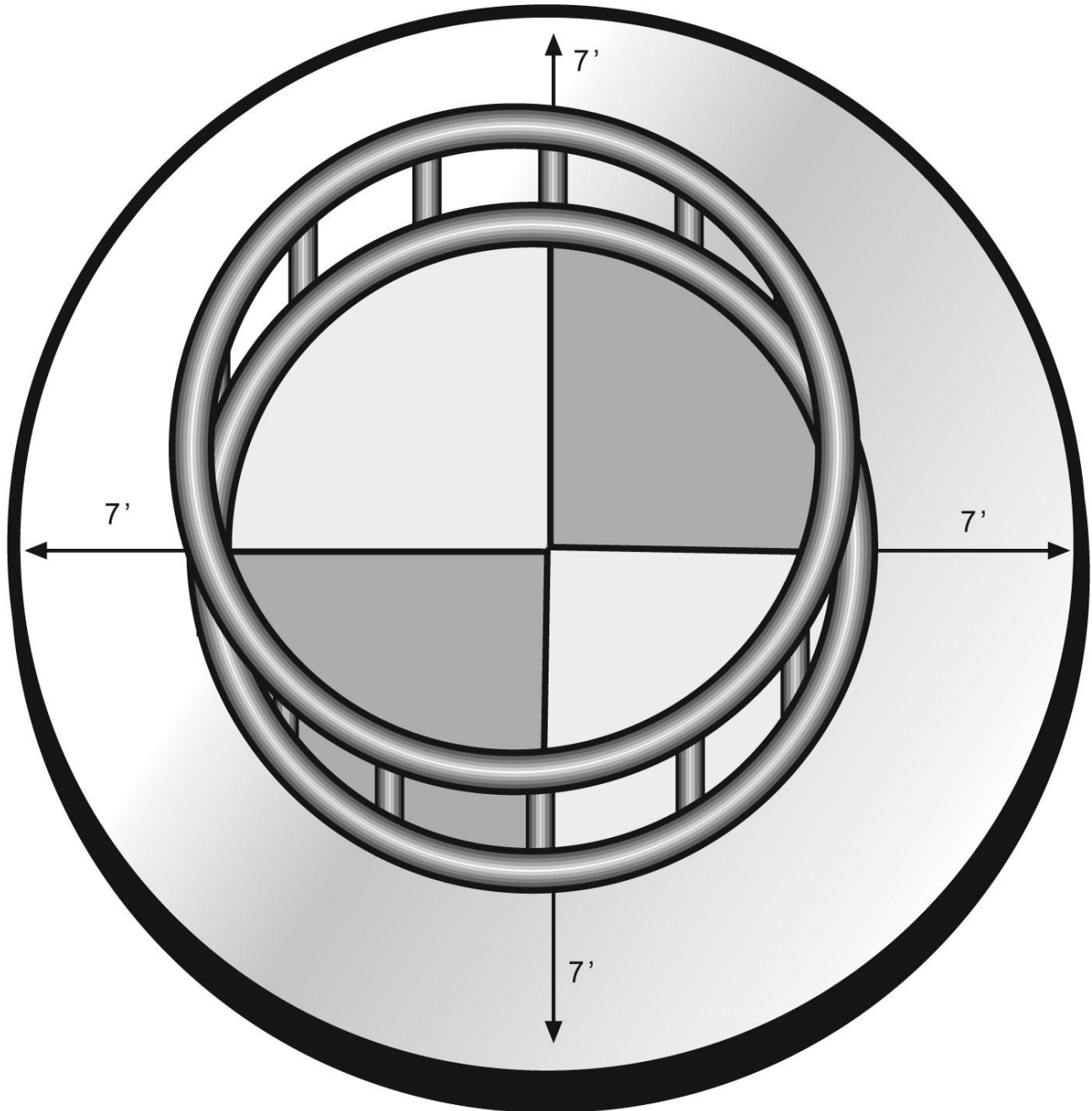
A component or group of components on play equipment that forms angles or openings that could entrap a child's head by being, (1) too small to allow the child to withdraw head easily, and (2) placed so that the child would be unable to support weight by means other than head or neck.

## Fall Zones - Slides



(Area extending four feet from climbing structures; five feet from bottom and sides of the exit zone of the slide.)

# Fall Zones - Revolving Devices



(Merry-Go-Rounds, rotating teeter totters, swing-on gates.)

Eff. 7/1/11



## PLAYGROUND MAINTENANCE CHECKLIST

<b>Instructions: Check the entire playground at least once each week. Train all personnel to be alert to playground hazards, and report them promptly. Avoid the use of hazardous equipment until repaired.</b>	<b>Date Checked</b>	<b>Repair or Removal Needed</b>	<b>Date Repaired or Removed</b>
1. Is there at least six to ten inches of deep resilient ground cover (sand, pea, gravel, or shredded wood) under all swings, merry-go-rounds, slides, and climbing equipment? Is the resilient surface compacted or out of place?			
2. Is the entire outside play area free of hazards? Such as: Poisonous plants _____ Glass _____ Trip hazards _____ Uneven turf _____ Exposed bricks/cinder blocks _____ Exposed concrete edges _____ Open grating _____ Slippery areas _____ Dead tree limbs _____ Briars/thorny plants _____ Exposed tree roots/rocks _____ Accessible sharp fence wire _____ Accessible woods _____ Inadequate clearance between equip. _____ Poor drainage areas _____ Ants/Bees/Spiders _____			
3. Are concrete supports of equipment sticking above the ground? Is equipment anchored securely?			
4. Are there outdoor equipment hazards such as: Exposed nails/screws/nuts/bolts /pipes _____ Splintered/deteriorated wood _____ Open/deformed "S" or "C" hooks/ rings/links, etc. _____ Crush/pinch points _____ Areas of entrapment _____ Unprotected protrusions _____			

Broken/missing steps/rungs/hand rails/handles/slides/ladders _____ Sharp edges _____ Broken seats/parts/equipment _____ Obstructions on slides _____ Equipment off track/unsecured to fulcrum _____ Frayed/broken ropes _____ Chipped/peeling paint _____ Worn swing hangers/chains _____ Broken supports/anchors _____ Bars/rungs/handholds stay in place when grasped; don't wobble/turn _____			
5. Are there openings that could trap a child's head? (Gaps should be less than 3½ inches or greater than 9 inches.)			
6. Are timbers rotting, splitting, termite infested, excessively worn, or splintering?			
7. Are portable toys such as tricycles and wagons in good repair? (No sharp edges, no cracked plastic, etc.)			
8. Are there protrusions on any equipment that can catch clothing?			
9. Are there crush points or shearing actions such as hinges of seesaws and undercarriages of revolving equipment that children could reach or touch?			
10. Are swing seats excessively heavy? Do they have protruding parts that could pierce or catch part of a child's clothing?			
11. Is the fence at least 4 feet high and in good repair? Can gates be secured? Any 4 inch gaps a child could squeeze through? Any sharp wires that could cut or scratch a child?			
12. Are there electrical hazards on the playground such as accessible air conditioners, switch boxes, or power lines?			
13. Do trees, grass, and shrubs need care/trimming?			
<b>SIGNATURE OF PERSON CONDUCTING THE PLAYGROUND CHECK _____</b>			

# Section F:

# Operation Plan

Operation Plan Defined.....	1F
Operation Plan Checklist .....	2F

The Operation Plan Checklist has been created from the rules and regulations for your use as a guide in the development of the operation plan for your facility. Sample forms have also been created for your use based on the rules and regulations and are included in the Resource Section of this Applicant's Guide.

### OPERATION PLAN DEFINED

Your Operation Plan covers the day-to-day operation of your center.

Items that are included in your operation plan are:

- Personnel Policies/Handbook: This is the handbook given to your staff and should cover all information in your policies and procedures as well as all requirements for your staff.
- Policies and Procedures/Parent Handbook: This covers all information that your parents need to know about the day-to-day operation of the center and should be organized in an easily readable format that parents can turn to for answers about the type of services you will provide.
- Schedules: Each classroom is required to have posted a daily schedule of age-appropriate activities that children are involved in at the center.
- Menus: Menus are a required posted item and a sample menu for your center must be submitted.
- Emergency Plans: Your policies and procedures may state that emergency plans have been developed and are posted for parent viewing. Plans that must be submitted are your step-by-step plans for each of the emergency situations listed in your operation plan checklist.
- Transportation Plan: Written plan required for routine transportation or field trips.
- Operation Plan Checklist: Please include your checklist in its entirety when submitting your operation plan.
- Forms: Sample forms have been provided for many of the items required. Any forms that you will be using other than sample forms provided by Bright from the Start must be submitted for review.

## PERSONNEL POLICIES

The following policies are stipulated in the rules and should be included in your personnel policies/ employee handbooks. These items can be copied word for word.

Contagious Diseases: Staff, or any other persons being supervised by the staff, shall not be allowed in the center who knowingly have, or present symptoms of a fever or diarrhea.

Smoking: Staff or other persons shall not smoke or use tobacco within the center premises, on the center playgrounds or in any vehicle being used to transport children during the hours that the center is in operation. (Note: Current Fire Safety laws prohibit smoking on the premises of the child care center.)

Prohibited Substances: Staff, chaperons, and students in training shall not be under the influence or consume alcohol, marijuana or other controlled substances on the center premises during the hours of operation or any other time or place where there are children present for whom the center staff is responsible.

Assignment of employees: Staff with diaper changing responsibilities shall not be simultaneously assigned to kitchen food preparation duties.

Work Schedules: Staff shall not regularly be scheduled to perform child care duties for more than twelve (12) hours within any twenty-four (24) hour period.

Substitute Employees: The center shall provide for substitute staff when regular staff is absent from work. All substitute employees shall be at least eighteen (18) years of age. Substitute caregiver staff shall be informed of these rules and the center's policies for the age group for which they will be providing care. Substitute service staff shall be informed of the center's policies and procedures necessary to the proper performance of their job duties in compliance with these rules.

First Aid and CPR: At least fifty percent (50%) of the caregiver staff and the director shall have current evidence of training in first aid and cardiopulmonary resuscitation (CPR). There must always be an employee with evidence of current First Aid training and CPR on the center premises whenever children are present, on any center-sponsored field trip, and on any center vehicle transporting children.

## EMPLOYEE FILES

During your Initial Licensing Study, the following items must be in each employee file , including the director's file:

- 1) Application for Employment: There is a sample form for this. If not using the Bright from the Start sample, make sure that information on sample is included on your application, (i.e., questions about CPR and First Aid, information regarding whether the person has ever been investigated or charged with abuse, neglect, etc.). Make sure that all questions are answered and that staff do not leave any blanks.
- 2) Ten Year Work History: There is a sample form for this. This should go back ten years, even if the person has not worked for ten years, (i.e., student, homemaker, unemployed), you want to know where they have been for ten years. If the person did not work between two jobs, have them write "no work" so that the whole ten years is covered. The 10 year history should be updated on all staff when an ownership change occurs to include all time worked under previous owners at the same location.
- 3) Credential/Degree Verification: Effective December 1, 2012, a copy and/or written verification of the credential or degree awarded to directors and lead teachers (see qualification requirements) must be on file.
- 4) Orientation: There is a sample form for this. This covers training prior to being placed in a classroom, center rules, Bright from the Start rules and regulations, etc. and must be signed and dated by the person(s) conducting the orientation as well as by the employee. This should be completed and updated on all staff, even those who worked under previous ownership.
- 5) CPR and First Aid verification: Must be geared towards infant/child, have dates and signatures of the instructor. Make sure that trainers are BFTS approved. A copy of this should be placed in each employee file. At least 50% are required at point of licensure and ongoing. Note-The director and person responsible for driving the vehicle is also required to have this current training.
- 6) CRC: This is an employee's criminal background check. Can be done locally and must reference GCIC or NCIC. A copy of this must be in each employee file.
- 7) Any Additional Training: Sample forms are available to keep track of training.
- 8) The director is required to have the same information in his/her file as other employees have in theirs.

## GUIDELINES FOR CREATING POLICIES AND PROCEDURES

Use this form to assist you in writing your Center Policies and Procedures. If you have covered each item listed on this guide, you will have covered each of the topics required. If you are using the previous owner's policies, use this checklist to make sure that all items have been covered and changes, if any in days of operation, times of operation, ages of children served, etc., have been made.

**\*\*May also be used as your parent handbook.\*\***

TO CREATE YOUR CENTER POLICIES AND PROCEDURES INCLUDE THE FOLLOWING INFORMATION PLUS ALL ITEMS REQUIRED IN THE OPERATION PLAN CHECKLIST:

\_\_ 1. Ages of Children Served;

\_\_ 2. Months of Operation;

\_\_ 3. Days of Operation;

\_\_ 4. Hours of Operation;

\_\_ 5. Dates center is closed, (i.e. holidays, inclement weather, vacation closing, etc;)

\_\_ 6. Admission requirements including parental responsibilities for supplying and maintaining accurate required record information and escorting child to and from the center;

\_\_ 7. Standard fees, payment of fees, fees related to absences and vacations and other charges such as insurance, transportation, etc;

\_\_ 8. Transportation provided is (if any) to include procedure to be followed if no one is home or at the designated drop-off site to receive a transported child, i.e., school, home pickup/delivery, special events such as dance lessons, swim lessons, etc; (If you offer no transportation, state this in your policies so parents will know.)

\_\_ 9. Guidance and discipline techniques (need to state general philosophy of classroom management, statement of discipline techniques to be used and statement of disallowed discipline techniques as described in rules and regulations);

\_\_\_ 10. Handling emergency medical care including place(s) the children will be taken for emergency medical care, identification of the facility's primary medical resource and method used to transport the child to this location;

\_\_\_ 11. Description of information required before administering medication and recording noticeable adverse reactions to the medication (i.e., limited to no more than two weeks unless written authorization from the physician, times medication will be administered, complete how to obtain medication form, how long authorization is in effect. Procedure for delivery and pickup of medication;

\_\_\_ 12. Notifying parents of child's illness, injury, exposure to a notifiable communicable disease, parents' responsibility to inform center of a communicable disease, exclusion of sick child with 101 degrees or higher oral temperature and any other symptom such as diarrhea, sore throat, etc; (Write the way you will notify parents of these things happening.)

\_\_\_ 13. Exclusion of children with communicable disease as defined in the chart of communicable disease and their recommendation for re-admission (chart should be posted in the center);

\_\_\_ 14. Protection of children inside the facility in the event of severe weather and evacuation of the building in the event of fire, gas leak, bomb, and physical plant problems; need to describe steps to protect children while in the center or on the vehicle (these should be posted in the center);

\_\_\_ 15. Description of any special procedures to be followed in the caring for a child, including any special services, which the center agrees to provide to a child with special needs;

\_\_\_ 16. Meals and snacks served; provisions for food provided by parents, and how exceptions, such as for allergies, or food from home, will be handled; description of food service;

\_\_\_ 17. Written parental authorization for child to participate in field trips, special activities away from the center and water related activities occurring in water that is more than two feet deep, if the center participates in any such activity, and if the center is to provide routine transportation for the child to and from school, home or center, i.e., for field trips written permission of each trip, method of transportation for swimming activities include location, fees if any, equipment needed by children, certification of lifeguard;

\_\_\_ 18. Evidence of age-appropriate immunizations or a signed affidavit against such immunizations within 30 days of child's enrollment;



\_\_\_ 19. Required to report any suspected child abuse, neglect, exploitation or deprivation to the Department of Family and Children Services;

\_\_\_ 20. Required to report any suspected case of notifiable communicable disease to the local county Health Department;

\_\_\_ 21. If infant care is provided, need to include policies and procedures on written feeding plan, which includes parents' instructions for feeding of formula or breast milk, updating of plan, provision of formula/breast milk bottles which are identified with child's name and current date, handling of leftover formula/breast milk, provision of baby food, provision of diapers, use of pacifier;

\_\_\_ 22. If you want parents to provide articles such as combs, toothbrushes, sheets, covers, change of clothing, you need to outline in your procedure;

\_\_\_ 23. Statement to inform parents of posted notices to include the license, copy of rules, review of evaluation report, communicable disease chart, statement of parental access, names of persons in charge, current weekly menu, emergency plans for severe weather and fire, and statement for visitors. If you have no liability insurance coverage for the children, you must post a notice alerting parents of this fact. There is a sample form for this.

## Children's Files

The following items are to be in each file. Sample forms are provided in your Applicant's Guide. Please check all children's files that were under former ownership for completeness and accuracy. If changing enrollment applications over to your facility information – please have completed by date of initial licensing study. Note: Children's files must be maintained for a period of one year after child is no longer in care at the facility.

1. Enrollment Form: This should be completed prior to the children being left in your care. Make sure that all questions are answered and that no blanks are left. Ask that parents not use NA. All questions are applicable and should be answered or have NO or NONE, (i.e., allergies).
2. Emergency Medical Authorization: Again, NO blanks and must be completed prior to the child being left in your care. Make sure that the Doctor's name and phone number are completed and readable.
3. Parental Agreement: This lists the services that you provide and what both you and the parent agree to. You may want to add to this agreement, for example: information about receiving, reading and understanding the parent handbook.
4. Parent Notice of No Liability Insurance: This lets parents know that you do not have liability insurance to protect their child in the event of an injury, etc. (If you **do** carry this insurance, you do not need this form in children's files.)
5. Other forms:
  - Incident Report
  - Infant Feeding Plan
  - Authorization for Medication
  - Vehicle Emergency Medical Information
  - Transportation Agreement
  - Field Trip Permission Form

## SCHEDULES

A daily schedule is required by rules to be posted in each classroom. These schedules should be age appropriate and individual to each classroom. One schedule is not appropriate for use for an entire center as children of different ages and abilities will require longer or shorter times for different activities.

Schedules should show all hours of operation, from the time the center is opened until the center closes. (Refer to your Application A to make them match for times and ages served.)

Schedules are to include a balance of quiet and active periods, free choice and teacher-directed activities, large and small muscle activities, and cover the six interest areas (art and crafts, music and movement, language and reading, science and nature, dramatic play and manipulative). Schedules should show the activities of the children - not the teachers.

The required amount of outdoor time must be shown on your schedule. The rules require one and one-half (1 ½) hours of outdoor play daily for children age 1 year and older. One (1) hour is required for children under 12 months of age.

Snacks and meals must be shown on your schedules; a minimum of 2 hours between each meal and snack must be reflected.

If you provide care for school-age children, part-day (such as before and/or after school hours) and full day schedules are required (if applicable).

## WEEKLY MENU

A weekly menu for meals and snacks is required by rules to be posted near the front entrance so as to be viewed by parents.

Your menu should include clearly identified food and drinks and fulfill required components and creditable food items described in U.S.D.A. guidelines.

Each meal and snack that is to be served is to be on your weekly menu.

If you are providing evening or night care, those meals and snacks should be reflected as well.

Staff must follow infant feeding plans completed by parents for children under 12 months of age. This plan should be updated by parents each time the child's feeding requirements change.

If your center will have food catered, a copy of the establishment's food service permit, as well as a copy of their most recent inspection, should be submitted. A menu will still be posted.

If parents will be providing meals, center must adhere to the "Criteria for Sack Lunches" memo, to include having additional foods on hand and a food preparation area.

### EMERGENCY PLANS

Each facility must have step-by-step procedures stating how emergencies are handled. Each item listed in your checklist should be written out as a separate plan:

1. Fire
2. Severe Weather
3. Loss of Heating
4. Loss of Cooling
5. Loss of Water
6. Loss of Electricity
7. Structural damage to the building
8. Serious injury to a child
9. Death of a child
10. Loss of a child from the facility
11. Loss of a child from a field trip

- When writing your emergency plans, make your plans specific to your program and building.
- Start from the beginning of the emergency and continue until the emergency situation is over.
- Make sure plans are step-by-step.
- Give staff specific jobs.
- Decide where you would go if you had to evacuate the building and grounds.
- Ensure that your plans are usable by your staff.
- Include reporting the incident to Bright from the Start within 24 hours or the next business day after the incident.

## TRANSPORTATION

A written transportation plan must be included with your operation plan and be a part of your policies and procedures.

Types of transportation include:

- Routine transportation
- Field trip transportation

Your written transportation plan includes:

1. Name of licensed driver and evidence of current driver's license
2. Written transportation agreement with the parent
3. List of children to be transported
4. Checklist for the accounting of children
5. Transportation record
6. Vehicle emergency medical information
7. Annual vehicle inspection form
8. Evidence of First Aid and CPR training for the driver
9. Field trip permission form

Include written procedures for any alternate transportation used, such as contracted transportation.

## OPERATION PLAN CHECKLIST

1. Submit copies of forms and/or documentation to show compliance with each item listed below and this checklist to your Applicant Services Unit Consultant on the date of your Initial Licensing Study .
2. All items listed below should be represented on the operation plan, or answered on the checklist, which is attached to your plan. Applicant services Unit will use this checklist to evaluate your plan using the following key:

**M** – Met, **NM** – Not Met, **NA** – Not Applicable, **D**-Discussed, **?**- Question/Further clarification needed

CCLC – Rules and Regulations for Child Care Learning Centers  
GDCH = Rules and Regulations for Group Day Care Homes

3. Components Not Met will be discussed with you after review to ensure your compliance with the rules and regulations of the Department.

**NOTE: If using sample forms, you may indicate this on your checklist by writing SF. Please be advised there are only sample forms for items starred (\*); therefore, for items not starred you must develop your own forms. These sample forms are located at the back of this packet in addition to being on Bright from the Start's website under Child Care Center Forms.**

## CHILD CARE LEARNING CENTERS

## GROUP DAY CARE HOMES

## STAFF RECORDS:

A record must be established on each staff person including the director, which will be the licensee in some cases. Submit the forms you will use to capture the required information below. **Write SF if you are using the SAMPLE FORM from the Applicant Guide for this item. Please note that only items starred (\*) have sample forms.**

Gray boxes	Office Use Only		<b>Staff Application Form / Staff attendance record</b>
Review Date:	Review Date:	Review Date:	
			<b>*Staff application FORM</b> must include the following:
			Name
			Date of Birth
			Current address
			Current telephone number
			Employment History (10 year)
			Education (Eff. 12/2012- Copies/written verification of credential/degree will be required for directors and lead teachers)
			Qualifying work experience (commensurate with position)
			<p>The following 3 statements are required on staff applications:</p> <p>1. Staff has never been shown by credible evidence, e.g. a court or jury, a department's investigation or other reliable evidence to have abused, neglected or deprived a child or adult or to have subjected any person to serious injury as a result of intentional or grossly negligent misconduct as evidenced by an oral or written statement to this effect obtained at the time of application.</p>
			<p>2. Staff has not made any false statements on their application regarding their qualifications.</p>
			<p>(Under the American with Disabilities Act of 1991, all programs are required to reasonably accommodate individuals with a disability. The reasonable accommodation requirement applies to the application process, any pre-employment testing, interviews and actual employment, but <u>only</u> if the program supervisor is made aware that an accommodation is required. If a staff member is disabled and requires accommodation, they may request it at <u>any</u> time during the interview process. They are obligated to inform the program director of their needs <u>if</u> it will impact their ability to perform the job for which they are applying. )</p>

			3. Staff has read the job description for the position for which they are applying, staff members are in all respects, able to adequately perform the duties as described.
			Proof that staff members have do not have a criminal record. Rule # References: CCLC# 591-1-1-.24; GDCH #290-2-1.09(b) 1-8, (c) 1-8, (d) 1-7, GDCH #290-2-1-.10 (a) 1-6
			* <b>Daily attendance FORM</b> for <u>employees</u> which must be kept by the center for a six-month period. Rule # References: CCLC# 591-1-1-.24(g); GDCH #290-2-1-.10 (a) 1-6
			<b>NOTE: Orientation must be conducted with new staff prior to assignment to children or task (CCLC 591-1-1 and GDCH 290-2-1-.09(e)1(i-iv)</b>
			* <b>Copy of orientation FORM</b> used to document staff orientation is attached. It must include:
			The center's policies and procedures;
			Emergency weather plans;
			Employee's assigned duties and responsibilities;
			Reporting requirements for suspected cases of child abuse, neglect or deprivation; communicable diseases and serious injuries;
			The rules and regulations set forth in Rules #591-1-1. Such instruction shall require new staff to be generally familiar with the health and safety requirements for caring for the children that are set forth in the specified sections;
			Childhood injury control;
			The administration of medicine;
			Reducing the risk of Sudden Infant Death Syndrome (SIDS);
			Hand washing;
			Fire Safety;
			Water Safety;
			Prevention of HIV/Aids and blood borne pathogens.
			Child care training requirements;
			Signature and date of person providing orientation;
			Signature and date of person receiving orientation. Rule # References: CCLC # 591-1-1-.24(d); GDCH #290-2-1-.09(e) 1 (i-vi)
			* <b>Staff Policies</b> The following seven (7) policies are specified by the rules. Please ensure staff members are aware of these policies by including them in your personnel policies or employee handbook in addition to other information you share with new staff.
			<b>Hygiene/ Contagious Diseases:</b> Staff, or any other persons being supervised by the staff, shall not be allowed in the center that knowingly have, or present symptoms of a fever or diarrhea.
			<b>Prohibited Substances/ No Smoking:</b> Staff, or other persons, shall not smoke or use tobacco within the center premises, on the center playgrounds or in any vehicle being used to transport children during the hours that the center is in operation.
			<b>Prohibited Substances/ Alcohol and Illegal Drugs:</b> Staff, chaperones and students in training shall not be under the influence of or consume alcohol, marijuana or other controlled substances on the center



			premises during the hours of operation or any other time or place where there are children present for whom the center staff is responsible.
			<b>Diapering Areas and Practices/ Hygiene:</b> Staff with diaper changing responsibilities shall not be simultaneously assigned to kitchen food preparation duties.
			<b>Staff/ Work Schedules:</b> Staff shall not regularly be scheduled to perform child care duties for more than twelve (12) hours within any twenty-four (24) hour period.
			<b>Staff/ Substitute Employees:</b> The center shall provide for substitute staff when regular staff is absent from work. All substitute employees shall be at least eighteen (18) years of age. Substitute caregiver staff shall be informed of these rules and the center's policies for the age group for which they will be providing care. Substitute service staff shall be informed of the center's policies and procedures necessary to the proper performance of their job duties in compliance with these rules.
			<b>Staff/ First Aid and CPR:</b> At least fifty percent (50%) of the caregiver staff shall have current evidence of first aid training and cardiopulmonary resuscitation. There must always be an employee with current evidence of first aid training and CPR on the center premises whenever children are present and on any center-sponsored field trip.

**CHILDREN'S RECORDS:** A record containing the following information must be maintained for each child enrolled. Submit a sample of your FORM for children's enrollment. It must include the items listed below #1-5, if all are applicable.

NOTE: During licensure visit, organization of records will be evaluated. Forms must be available for parents to complete.

**\*\*If you use the sample forms from the Licensing Packet, write SF by each item covered by that form.**

			1. <b>*Child Enrollment FORM</b> must include the following:
			Identifying information about the child to include: name, date of birth, sex, address, living arrangement if not with both parents, name of school, and name of guardian if applicable;
			Identifying information about the parents or guardian to include: names of both parents, guardian if applicable, home and work addresses, and home and work telephone numbers;
			Name (s) and information about the person(s) to whom the child may be released. Such information shall contain the authorized person's address, telephone numbers, relationship to child and to parent(s) or guardian, and other identifying information.
			Emergency contact information to include name and telephone number of person(s) to contact in emergencies when the parent or guardian cannot be reached;
			Evidence of age-appropriate immunizations or a signed affidavit against such immunizations.
			Primary care physician's or clinic's name and telephone number;
			Statement regarding known allergies or other physical problems, mental health disorders, mental retardation or developmental disabilities which would limit the child's participation in the center's program and activities

			Description of any special procedures to be followed in caring for the child, including any special services which the center agrees to provide to a child with special needs; Rule # references: CCLC #591-1-1-.08 (a-h) GDCH #290-2-1-.10(b) 1-5.
			<b>2. * Parental Agreements with Child Care Facility FORM:</b> Signed agreement between the center and the parent to include:
			Description of general services to be provided by the center to the child including whether the center is providing meals and snacks;
			A description of the information that will be required of the parent before the center will dispense any medication and the parent's acknowledgment that they will provide all the necessary information.
			Parents' acknowledgment of the following:  That when the parents, or persons authorized by the parents, pick up or drop off their child at the center, they will not allow their child to enter or leave the center without being escorted and that the center will not permit the child to enter or exit the center without an escort; and
			Parents' acknowledgment of the following:  That the parents are responsible for keeping the center advised of significant changes as the changes occur in the information that the parents provided at the time of enrollment concerning phone numbers, work locations, emergency contacts, family physician, etc. Rule # references: CCLC #591-1-1-.08(j-m) GDCH #290-2-1-.10(b)(vii)
			<b>3. *Parent policy verification form:</b> Written documentation signed by the parent's that is placed in each child's file which stipulates that the director or designee has: a) Provided the parents a copy of the center's policies and procedures; b) Advised the parents of the child's progress, issues relating to the child's care and individual practices concerning the child's special needs; c) Encouraged parents' participation in center activities. -Included on Parental Agreement Form if using SF
			<b>4. * Emergency Medical Authorization:</b> Signed Authorization to obtain emergency medical care Rule #references: #591-1-1-.23(a) GDCH #290-2-1-.10(b)5(iii)
			<b>5. *Parent/Guardian Notice of No Liability Insurance and Acknowledgment:</b>  ( <b>Note:</b> Only applicable to facilities which do not carry liability insurance. Mark N/A if you carry liability insurance.)  Form must be signed by parent or guardian to acknowledge that they are aware that the facility does not carry liability insurance and form shall be maintained on file while the child is enrolled and for 12 months after the child's last date of attendance.

			<b>Additional forms related to care of children:</b>
			<p><b>*Daily attendance record-</b> A child's daily attendance records for the twelve (12) preceding months must be maintained but need not be filed in each child's record. These records shall be made available to the Department in printed or written form upon request. <b>Submit a copy of your FORM or note "SF" if using sample.</b> Rule #references:#591-1-1-.08(o) GDCH#290-2-1-.10(b)10.</p>
			<p><b>*Arrival and Departure Records FORM</b></p> <p>Records of a child's daily arrival and departure for the twelve (12) preceding months shall be maintained but need not be filed in each child's record.</p> <p>Records, in written or electronic format, must be completed by child's parent, guardian or person(s) authorized by the parent or guardian to drop off and pick up the child each time an individual drops off and picks up the child. <b>Documentation on the form must include: the date, child's name, arrival and departure times, and signature or initials of the individual(s) dropping off or picking up the child.</b></p> <p>Note: Policies must be implemented which require staff to match identifying information provided by the parents to the person picking the child up.</p>
			<p><b>*Guide for Authorization for Medication FORM</b> to include the following:</p>
			Date;
			Full name of the child;
			Name of medication;
			Prescription number, if any;
			Dosage;
			The dates to be given;
			The time of day medication is to be dispensed;
			Signature of parent.
			Verification that medication was dispensed according to the parents' authorization, shall include:
			The date, time and amount of medicine given;
			Adverse reactions noted, if applicable;
			The signature/initials of persons administering the medication.
			Rule # References: CCLC # 591-1-1-.20; GDCH #290-2-1.09(b) 1-8, (c) 1-8, (d)1-7; GDCH #290-2-1-.10(a)1-6
			<p><b>* Report of Incident Requiring Professional Medical Attention FORM</b>, to include:</p>
			Child's Name;
			Type of illness or injury;

			Date of illness or injury;
			How illness or injury occurred;
			Staff present;
			Method of notifying parent; and
			Services provided to the child. Rule #references: CCLC #591-1-1-.08(i); GDCH #290-2-1-.10(b)6.
			<b>TRANSPORTATION/FIELD TRIP FORMS</b>
			<b>*Transportation Agreement FORM</b> , if the center is to provide routine transportation for the child to or from school, home or center. The authorization shall specify the following: Note: This form is required for home and school transportation, but not field trips.
			Routine pick up location;
			Routine pick up time;
			Routine delivery location;
			Routine delivery time;
			Name of any person authorized to receive the child, and the procedure to be followed if the authorized person is not present at the drop-off site to receive the child. Rule #references: CCLC #591-1-1-.36(5); GDCH #290-2-1-.10(b)8.
			<b>* Field trip permission FORM</b> , is to include:
			The name/address of the trip destination;
			The date of the trip;
			Time of departure; and
			Estimate arrival time back at the center; and
			Parent's signature and date of approval. Rule # References: CCLC # 591-1-1-.13(1); GDCH #290-2-1-.10 (a) 1-6
			<b>INFANT FEEDING PLAN:</b>
			<b>*Infant feeding plan FORM</b> for children under one (1) year of age to include:
			The amount of formula or breast milk to be given;
			Instructions for the introduction of solid foods;
			The amount of food to be given;
			Notation of any type(s) of commercial premixed formula which may not be used in an emergency because of food allergies;
			The parent shall sign and date the feeding plan. Rule # References: CCLC #591-1-1-.15(2); GDCH #290-2-1-.11 (a) 1-3

**POLICIES AND PROCEDURES for Parents:**

Policies and procedures must be written since they govern the operations of the center or group home. They must be kept current, be made available to parents and must include at least the following:

**Note: Everything on these two pages must be covered in your policies for parents. (i.e., handbook, policy manual).** **Note-Your policies should match the information submitted on your Change of Ownership Application for the ages, months, days and hours.**

			Ages of children served; (should be same as what you wrote on Appl. A)
			Months of operation; (same as Appl. A)
			Days of operation; (same as Appl. A)
			Hours/ time of operation; (same as Appl. A)
			Days/ times center is closed; (holidays)
			Description of enrollment and admission requirements which specifies : 1.the parents' responsibilities for supplying & updating needed information to the center; and 2. escorting the child to and from the center;
			A fee and payment schedule that specifies the standard fees, fees related to absences and vacations and other charges and fees such as transportation and late fees;
			Full description of the facility's transportation and field trip services; -If transportation/field trips are <u>not</u> provided, <u>state this</u> . (No transportation at this time at all.) -If a public school bus picks up and delivers to facility, state this. -If provided to or from school or home, include these details and procedures if no one is at drop-off site to receive child; -If you offer field trips, tell parents what vehicle their child will ride in like parent cars or center van
			Description of behavior management and discipline actions used by the center.
			A description of meals and snacks served, including guidelines for food brought from the child's home.
			Statement which expresses permission for access by the child's parents to all center areas used by the child
			Summary of child abuse reporting law requirements
			Nondiscrimination statement
			Description of center sponsored religious and cultural activities, if any
			If licensed for care of infants/toddlers: Center's diapering procedures (write N/A if not applicable)
			If licensed for care of infants/toddlers: Center's toilet training procedures (write N/A if not applicable)
			If licensed for care of infants/toddlers: Center's feeding procedures (write N/A if not applicable)

			Handling emergency medical care, including <u>place(s)</u> the children will be taken for emergency medical care;
			Administering medication and recording noticeable adverse reactions to the medication.
			<u>Procedures</u> for notifying parents of: (In each case include HOW you will notify parents)
			Illness, (NOTE: <b>A child shall not be accepted nor allowed to remain at the center if the child has the equivalent of a one hundred and one (101) degrees or higher oral temperature and another contagious symptom, such as, but not limited to, a rash or diarrhea or a sore throat;</b>
			Injury; and
			Exposure to a notifiable communicable disease; (Example: Chicken Pox. How will you let parents know their child was exposed? Letter? Sign on door? Etc.)
			Noticeable adverse reactions to prescribed medication(s);
			Policy on exclusion of sick children;
			Protection of children in the event of emergencies. ( <u>You may simply state in procedures that "emergency plans have been developed and are posted for parent viewing"</u> );
			Severe weather/ tornado;
			Fire; and
			Physical plant problems, such as power failure, that affects climate control or structural damage. Rule # References: CCLC #591-1-1-.21; GDCH #290-2-1-.11(a)1-3

### ADDITIONAL INFORMATION TO BE SUBMITTED: DAILY SCHEDULES:

**Note: Submit a copy of your schedule for each classroom.**

			1. Daily schedule for <u>all</u> ages served, beginning when center opens and ending at time center closes, to include: (match times listed on Appl. A for opening & closing)
			Age-appropriate activities for all hours of operation, from center opening until closing. Schedules are to include a balance of quiet and active periods, free choice and teacher-directed activities, large and small muscle activities, language experiences, arts and crafts, dramatic play, rhythm and music, and nature and science experiences;
			Required amount of outdoor play. (One and a half hours for one year and older. At least one hour for children under one year.); (Assure that groups rotate appropriately so that playgrounds are not over capacity.)
			At least two hours required between meals and snacks;
			Part-day/full-day schedules for school age, if applicable. (Half day schedule for after-school, full day schedule for summer or holidays when children are present all day.) Rule # References:

			CCLC #591-1-1-.03; GDCH #290-2-1-.11(f) 1,2,3,5,6(g)
			<b>LESSON PLANS:</b>
			<b>Note: Submit samples of completed lesson plans for each classroom.</b>
			Each lesson plan must represent a daily planned program of varied and developmentally appropriate activities that promote the following areas of development: ____ Physical development (fine & large motor) ____ Emotional and Social development ____ Language and Literacy development ____ Cognitive development
			Note: Lesson plans must reflect that staff members use a variety of teaching methods to accommodate the needs of children's different learning styles/abilities. (i.e. different types of materials to meet physical abilities- ex: knobbed puzzles, chunky paint brushes)
			<b>PROPOSED WEEKLY MENU:</b>
			One (1) week of sample menus submitted are to include:
			Clearly identified food items and drinks. Example: apple, orange, banana – not "fruit," vegetable, chicken noodle, tomato soup- not "soup;"
			Required components and creditable food items and drinks, quantities, etc. described in U.S.D.A guidelines. (Refer to Applicant Guide, Use the meal planner form to meet USDA guidelines. Ex. Lunch-Meat/protein, bread, milk, 2 veg. Or 1 fruit and 1 veg.);
			Morning snack, lunch, afternoon snack and any other meals or snacks served. Rule # References: CCLC # 591-1-1-.15(5-6); GDCH #290-2-1-.11(b) 7
			<b>* Safety drill information:</b>  Provide a copy of the form which will be used to document drills for fire, tornado and other emergency situations. (Note: Fire drills must be conducted monthly. Tornado and other emergency situation drills must be conducted every six months. The documentation must show the dates and times of the drills and be kept on file for two years.
			<b>Written plans for Emergency Situations:</b> (These should be detailed and specific to your center. You will write them now, train your staff with them, and use them as reference when an emergency happens.)  <b>NOTE: These should include step-by-step procedures to include graphic and written procedures for the following:</b>
			Fire (evacuation of building);
			Severe weather/ tornado (protection inside building);

			Physical plant problems, to include: ___ loss of heating, ___ loss of cooling system, ___ loss of water, ___ loss of electricity and, ___ structural damage. Include, if applicable, place (s) children may be taken in emergency until parents can be notified, etc;
			Serious injury/death;
			Loss of child (wanders away from facility or on field trip). Rule # References: CCLC #591-1-1-.21(i); GDCH #290-2-1-.11(a) 1-3

**TRANSPORTATION:** A center or group home must have a written transportation plan to ensure that children are accounted for in all situations arising from the use of transportation.

			Description of transport services provided: <b>(check all applicable)</b>
			Routine (school, home pick-up delivery, etc.); ___ Yes ___ No
			Field trips; ___ Yes ___ No
			Contractual transportation services; ___ Yes ___ No
			Emergency only; ___ Yes ___ No
			Facility owned/leasing vehicle; ___ Yes ___ No
			Staffs' vehicle; ___ Yes ___ No
			Parents' vehicle; ___ Yes ___ No
			___ None provided (If none provided, submit <u>plan</u> for emergency transportation. I.e. personal vehicle/ ambulance) (Ex. 911)
			<b>FORMS FOR ROUTINE TRANSPORTATION:</b>
			<b>* Transportation Record FORM</b> , to include:
			A checklist for accounting for the loading and unloading of children at any location;
			The signature of person conducting the check;
			Facility's checklist: including staff's signature and date, ensuring vehicle use for regular transportation is clean, free of hazards, in safe repair and is equipped with a recommended dry chemical, Type IA-10BC fire extinguisher, required first aid supplies, and functioning heater.
			<b>* Vehicle Emergency Medical Information FORM</b> in the vehicle on each child being transported by the center. The emergency medical information card for each child shall include



			a listing of the child's allergies, special medical needs and conditions, current prescribed medications that the child is required to take on a daily basis for a chronic condition, the name and phone number of the child's doctor, the local medical facility that the center uses in the area where the center is located and the telephone numbers where the parents can be reached.
			<b>* Weekly Transportation Checklist for Accounting of Children FORM</b> , to include:
			Names of all children transported and each child's:
			Pick up location;
			Pick up time;
			Delivery location;
			Delivery time;
			Length of time on the vehicle;
			Alternate delivery location if parent is not at home; and
			Name of person to receive child.
			Identification of the center's:
			Name;
			Driver;
			Telephone.
			<b>* Annual Transportation Vehicle Safety Inspection Certification FORM</b> to include a satisfactory annual safety check of: tires, headlights, horn, tail suspension, exhaust system, steering, windshield and windshield wipers (NOTE: You will submit a completed inspection form with Application Part B.) Rule # References: CCLC #591-1-1-.36; GDCH #290-2-1-.11(a) 1-3
			<b>Additional documentation required for routine transportation/ field trips:</b>
			Identification of the center's vehicles (list make/ model):
			Verification of manufacturer's rated seating capacity (from owner's manual or other supporting documentation);
			Copy of Valid driver's license for vehicle type;  (NOTE: Must ensure that license is appropriate for size and type of vehicle used. For vehicles requiring a special driver's license, consult with the Georgia Department of transportation, Georgia State Patrol, or local law enforcement agency.)
			Documentation of current CPR and First aid for licensed driver or staff riding on board the vehicle. Rule # References: CCLC #591-1-1-.13; GDCH #290-2-1-.11(a) 1-3

# **Section G:**

## **SAMPLE FORMS**

# Sample Forms

## **Sample Staff Forms**

Staff Application.....	1G
10 Year Employment History.....	2G
Documentation of Orientation .....	3G
Employee' Attendance Record .....	4G
Staff Policies and Procedures.....	5G

## **Sample Children's Record Forms**

Sample Children's Enrollment Form/Emergency Med. Auth./Parental Agreement (3 pgs.)....	6-9G
Medication Authorization.....	10G
Infant Feeding Plan.....	11G
Children's Daily Attendance Record.....	12G
Incident Report Form.....	13G
Parent Acknowledgement of No Insurance.....	14G

## **Food Service Forms**

Food Service .....	15G
USDA Food Guide Pyramid.....	16G
USDA Meal Pattern Requirements for Children.....	17G
Weekly Menu Form (2 pages).....	18-19G
Manual Dishwashing diagram.....	20G
Sack Lunch Criteria.....	21G

## **Items to be Posted**

Items to be Posted.....	22G
Parents' Rights / Visitors Statement Poster .....	23G
Hand washing Poster.....	24G
Communicable Diseases Chart.....	25-30G
Parent Notice that the center has No Insurance.....	31G
Consumer Product Safety Commission Poster.....	32G

## **Sample Transportation Forms**

Transportation Guidelines.....	33G
Vehicle Safety Inspection .....	34G
Transportation Agreement.....	35G
Field Trip Permission/Checklist.....	36G
Weekly Transportation Checklist (2 pages).....	37-38G
Emergency Medical Form.....	39G
Transportation Requirements.....	40-42G

# **Sample Staff Forms**

(CENTER NAME)

DATE

POSITION DESIRED

DATE AVAILABLE

INTERVIEWED BY

NAME (FIRST) (MIDDLE) (LAST)

SPOUSE'S NAME

HOME ADDRESS

PHONE NUMBER

BIRTH DATE

SOCIAL SECURITY NUMBER

(Circle One)

If you are under age 18, can you submit a work permit if hired?

YES

NO

If you are not a US citizen, do you have a VISA to work in the US?

YES

NO

If yes, what kind of Visa classification do you have?

Visa Registration Number: \_\_\_\_\_ Expiration Date \_\_\_\_\_

Has bond or security clearance ever been denied and/or canceled?

YES

NO

If yes, please explain:

EDUCATION (Attach documentation of qualifying education)

PLACE

DATES

DIPLOMA, CERTIFICATE,  
DEGREE

ELEMENTARY

SECONDARY

COLLEGE

OTHER

Experience with groups of children

(Indicate ages of children, your duties, dates of time you worked in this position, reasons for leaving)

Attach documentation of experience working with children.

(Circle One)

Have you attended/completed any child care training courses?

YES

NO

If yes list:

PLEASE LIST EMPLOYMENT HISTORY FOR THE PAST TEN YEARS, BEGINNING WITH YOUR MOST CURRENT OR LAST EMPLOYER. If you have been unemployed during any time within the past ten years, list how you spent your time, e.g. student, housewife, unemployed, etc. If you need addition space please use separate employment record form.

MONTH/YEAR	NAME AND ADDRESS OF EMPLOYER	POSITION
FROM		
TO		
FROM		
TO		
FROM		
TO		
FROM		
TO		
FROM		
TO		

Have you attended/completed any child care training courses? YES NO  
 Do you have a criminal record? YES NO  
 If yes, explain: \_\_\_\_\_

Have you ever been shown by credible evidence, e.g., a court order or jury, a department's investigation or other reliable evidence to have abused, neglected or deprived a child or adult or to have subjected any person to serious injury as a result of intentional or grossly negligent misconduct? YES NO

Under the American with Disabilities Act of 1991, this program is required to reasonably accommodate individuals with a disability. The reasonable accommodation requirement applies to the application process, any pre-employment testing, interviews and actual employment, but only if the program supervisor is made aware that an accommodation is required. If you are disabled and require accommodation, you may request it at any time during the interview process. You are obligated to inform the program director of your needs if it will impact your ability to perform the job for which you are applying.

Having read the job description for the position for which you are applying, are you in all respects, able to adequately perform the duties as described? YES NO  
 If no, please explain. \_\_\_\_\_

Do you have a valid driver's license? YES NO

If yes, give license number and class of license: \_\_\_\_\_

Have you had CPR training within the past two years? YES NO

If yes, give expiration date: \_\_\_\_\_

Have you had first aid training within the past three years? YES NO

If yes, give expiration date: \_\_\_\_\_

Bright from the Start: Georgia Department of Early Care Learning requires annual child care training, are you willing to participate? YES NO

I certify that all information on this application is correct. I have not given any false statement concerning my qualification requirements.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

## 10 YEAR EMPLOYMENT HISTORY

Social Security Number

Name

## Address

**Record of Employment: Past 10 Years (If unemployed between 2 jobs/dates, write “no work”. Leave no gaps.**

[illegible]

## DOCUMENTATION OF ORIENTATION

(Conducted prior to assignment to children or task and to be placed in each employee's file)

Employee's Name \_\_\_\_\_ Date of Employment \_\_\_\_\_

Employee received orientation in the following:

Facility's Policies and Procedures ☐

Review of State's Health and Safety Requirements regarding:

- 1. Operations, health, safety, activities ☐
- 2. Physical environment and equipment ☐
- 3. Emergency situations ☐
- 4. Food service and nutrition ☐

Employee's Assigned Duties and Responsibilities ☐

Reporting Requirements for:

- 1. Suspected Child Abuse, Neglect or Deprivation ☐
- 2. Communicable Diseases ☐
- 3. Serious Injuries ☐
- 4. Missing/Lost Children ☐

Emergency Weather Plans ☐

Childhood Injury Control ☐

The Administration of Medication ☐

Reducing the Risk of Sudden Infant ☐

Death Syndrome (SIDS) ☐

Hand Washing ☐

Fire Safety ☐

Water Safety ☐

Prevention of HIV/Aids and blood borne pathogens ☐

Approved Child Care Training Requirements ☐

Other (list) ☐

\_\_\_\_\_

\_\_\_\_\_  
Signature of Person Providing Orientation

\_\_\_\_\_  
Signature of Employee Receiving Orientation

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date



## DAILY STAFF ATTENDANCE RECORD

Date \_\_\_\_\_

Class

[illegible]

## **Additional Staff Policies & Procedures**

### **(Page to be added to Staff Policies/Staff Handbook)**

#### **Hygiene/Contagious Diseases:**

Staff or any other persons being supervised by staff, shall not be allowed in the center that knowingly have, or present symptoms of a fever or diarrhea.

#### **Prohibited Substances/No Smoking:**

Staff, or other persons, shall not smoke or use tobacco within the center premises, on the center playgrounds or in any vehicle being used to transport children during the hours that the center is in operation.

#### **Prohibited Substances/Alcohol and Illegal Drugs:**

Staff, chaperones, and students in training shall not be under the influence of or consume alcohol, marijuana or other controlled substances on the center premises during the hours of operation or any other time or place where there are children present for whom the center staff is responsible.

#### **Diapering Areas and Practices/Hygiene:**

Staff with diaper changing responsibilities shall not be simultaneously assigned to kitchen food preparation duties.

#### **Staff/Work Schedules:**

Staff shall not be scheduled to perform child care duties for more than twelve (12) hours within any twenty-four (24) hour period.

#### **Staff/Substitute Employees:**

The center shall provide for substitute staff when regular staff is absent from work. All substitute employees shall be at least eighteen (18) years of age. Substitute caregiver staff shall be informed of these rules and the center's policies for the age group for which they will be providing care. Substitute service staff shall be informed of the center's policies and procedures necessary to the proper performance of their job duties in compliance with these rules.

#### **Staff/First Aid and CPR:**

At least fifty percent (50%) of the caregiver staff shall have current evidence of first aid training and cardiopulmonary resuscitation. There must always be an employee with current evidence of first aid training and CPR on the center premises whenever children are present and on any center-sponsored field trip.

# **Sample Children's Record Forms**

# SAMPLE CHILDREN'S ENROLLMENT FORM

Page 1 of 3

Entrance Date \_\_\_\_\_ Withdrawal Date \_\_\_\_\_

Child's Name \_\_\_\_\_ Sex \_\_\_\_\_ Age \_\_\_\_\_ Date of birth \_\_\_\_\_

Home Address (Street) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone Number \_\_\_\_\_

Father's Name \_\_\_\_\_ Home Phone Number \_\_\_\_\_

Father's Home Address (if different from child's) Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Father's Place of Employment \_\_\_\_\_ Work Phone \_\_\_\_\_

Employer's Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Mother's Name \_\_\_\_\_ Home Phone Number \_\_\_\_\_

Mother's Home Address (if different from child's) Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Mother's Place of Employment \_\_\_\_\_ Work Phone # \_\_\_\_\_

Employer's Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Child's Living Arrangements: (check one) ☐ Both Parents ☐ Mother ☐ Father ☐ Other

Child's Legal Guardian(s): (check one) ☐ Both Parents ☐ Mother ☐ Father ☐ Other

The child may be released to the person(s) signing this agreement or to the following:

\*Name \_\_\_\_\_ Address \_\_\_\_\_

(Street-City-State-Zip)

Telephone Number \_\_\_\_\_ Relationship to child \_\_\_\_\_

Relationship to Parent(s) or Guardian \_\_\_\_\_

Other identifying information (if any) \_\_\_\_\_

\*Name \_\_\_\_\_ Address \_\_\_\_\_

(Street-City-State-Zip)

Telephone Number \_\_\_\_\_ Relationship to child \_\_\_\_\_

Relationship to Parent(s) or Guardian \_\_\_\_\_

Other identifying information (if any) \_\_\_\_\_

Persons to contact in the case of emergency when parent or guardian cannot be reached:

Name \_\_\_\_\_ Phone #(s) \_\_\_\_\_

Name \_\_\_\_\_ Phone #(s) \_\_\_\_\_

Name \_\_\_\_\_ Phone #(s) \_\_\_\_\_

Name of Public or Private School child attends, if any: \_\_\_\_\_

Child’s doctor or clinic name \_\_\_\_\_

Doctor/clinic phone # \_\_\_\_\_

My child has the following special needs \_\_\_\_\_

\_\_\_\_\_

The following special accommodation(s) may be required to most effectively meet my child’s needs while at the center: \_\_\_\_\_

\_\_\_\_\_

My child is currently on medication(s) prescribed for long-term continuous use and/or has the following pre-existing illness, allergies, or health concerns: \_\_\_\_\_

\_\_\_\_\_

**EMERGENCY MEDICAL AUTHORIZATION**

Should (child’s name) \_\_\_\_\_ Date of birth \_\_\_\_\_

suffer an injury or illness while in the care of (Facility name) \_\_\_\_\_

and the facility is unable to contact me (us) immediately, it shall be authorized to secure such medical attention and care for the child as may be necessary. I (We) shall assume responsibility for payment for services.

**Parent/Guardian:** \_\_\_\_\_

**Date:** \_\_\_\_\_

Signature

**Facility Administrator/Person-In-Charge** \_\_\_\_\_

**Date:** \_\_\_\_\_

Signature

### Parental Agreements with Child Care Facility

The \_\_\_\_\_ agrees to provide day care for  
 \_\_\_\_\_  
 \_\_\_\_\_ on \_\_\_\_\_ a.m. to \_\_\_\_\_ p.m.  
 \_\_\_\_\_  
 \_\_\_\_\_ (Name of Child) \_\_\_\_\_ (Days of Week)  
 from \_\_\_\_\_ to \_\_\_\_\_  
 \_\_\_\_\_ (Month) \_\_\_\_\_ (Month)

My child will participate in the following meal plan (circle applicable meals and snacks):

Breakfast  
 Morning Snack  
 Lunch  
 Afternoon Snack  
 Evening Snack  
 Dinner  
 Bedtime Snack

Before any medication is dispensed to my child, I will provide a written authorization, which includes: date; name of child; name of medication; prescription number; if any; dosages; date and time of day medication is to be given. Medicine will be in the original container with my child's name marked on it.

My child will not be allowed to enter or leave the facility without being escorted by the parent(s), person authorized by parent (s), or facility personnel.

I acknowledge it is my responsibility to keep my child's records current to reflect any significant changes as they occur, e.g., telephone numbers, work location, emergency contacts, child's physician, child's health status, infant feeding plans and immunization records, etc.

The facility agrees to keep me informed of any incidents, including illnesses, injuries, adverse reactions to medications, etc., which include my child.

The \_\_\_\_\_ agrees to obtain written authorization from me before my child participates in routine transportation, field trips, special activities away from the facility, and water-related activities occurring in water that is more than two (2) feet deep.

I authorize the child care facility to obtain emergency medical care for my child when I am not available.

I have received a copy and agree to abide by the policies and procedures for

\_\_\_\_\_  
 (Name of Facility)

I understand that the center will advise me of my child's progress and issues relating to my child's care as well as any individual practices concerning my child's special needs. I also understand that my participation is encouraged in facility activities.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
 \_\_\_\_\_  
 (Parent/Guardian)

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
 \_\_\_\_\_  
 (Facility Administrator/Person-In-Charge)

## **MEDICATION AUTHORIZATION**

Child's Full Name \_\_\_\_\_

Name of Medication \_\_\_\_\_

Prescription Number \_\_\_\_\_

Time Medication is to be Given \_\_\_\_\_

Amount of Medication to be Given \_\_\_\_\_

Date(s) to be Given \_\_\_\_\_

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date

### **For Center Use**

	Date	Time Given	Amount	Any Adverse Reactions	Administered By
1.	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____
4.	_____	_____	_____	_____	_____
5.	_____	_____	_____	_____	_____
6.	_____	_____	_____	_____	_____
7.	_____	_____	_____	_____	_____
8.	_____	_____	_____	_____	_____
9.	_____	_____	_____	_____	_____
10.	_____	_____	_____	_____	_____

If noticeable adverse reaction to medication what action was taken? Describe.

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## INFANT FEEDING PLAN

Child's full name \_\_\_\_\_ Date \_\_\_\_\_ Date of birth \_\_\_\_\_

Does child take bottle? Yes [ ] No [ ]  
Is the bottle warmed? Yes [ ] No [ ]  
Does the child hold own bottle? Yes [ ] No [ ]  
Can the child feed self? Yes [ ] No [ ]

Does the child eat: (Check all that apply)

Strained foods [ ] Whole milk [ ]  
Baby foods [ ] Table foods [ ]  
Formula [ ] Other [ ]  
Breast Milk [ ]

What type of formula used? \_\_\_\_\_

Amount of formula/breast milk to be given? \_\_\_\_\_

Updated amounts of formula/breast milk: \_\_\_\_\_ Date: \_\_\_\_\_  
Amount: \_\_\_\_\_ Date: \_\_\_\_\_  
Amount: \_\_\_\_\_ Date: \_\_\_\_\_  
Amount: \_\_\_\_\_ Date: \_\_\_\_\_

Does the child take a pacifier? Yes [ ] No [ ] If yes, when? \_\_\_\_\_

Food likes \_\_\_\_\_

Dislikes \_\_\_\_\_

Allergies? (Include any premixed formula) \_\_\_\_\_

FORMULA/ BREAST MILK			FOOD		
Time	Amount	Type	Time	Amount	Type

Instructions for the introduction of solid foods \_\_\_\_\_

Any updated instructions regarding adding new foods or other dietary changes, please list as needed. \_\_\_\_\_

PARENTS' SIGNATURE: \_\_\_\_\_ Date: \_\_\_\_\_



## DAILY ATTENDANCE/ ARRIVAL & DEPARTURE RECORD

591-1-1-.08(o-p) Attendance & Arrival/ Departure Records: A child's daily attendance and arrival and departure records for the twelve (12) preceding months must be maintained.

Facility name:\_\_\_\_\_

Classroom / Ages served:\_\_\_\_\_

**DATE:**\_\_\_\_\_

Staff Name:	Sign-in	Sign-out	Sign-in	Sign-out
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Child's Name	Birthdate	Age	Arrival Time	Parent/Guardian Signature	Departure Time	Parent/Guardian Signature	Notes on daily attendance:
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							
16							
17							
18							
19							
20							
Total							

KEY: X-Absent / T-Transition to another Room (attendance in other room must be recorded on the record for that room)

## REQUIRED REPORT OF INCIDENT

### Consultant Name/Consultant Fax #

591-1-1.29 / 290-2-1-.10(c)(3) / 290-2-3-.14 of Rules and Regulations for Child Care Learning Centers/Group Day Care Homes/Family Day Care Homes requires that any death, serious injury requiring hospitalization or professional medical attention, or any situation where a child becomes missing while in care be reported to the Bright from the Start **within twenty-four (24) hours** or the next business day following the reportable situation.

Name of Facility/Provider \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ County \_\_\_\_\_

Name of Child \_\_\_\_\_ DOB \_\_\_\_\_ Sex \_\_\_\_\_

Name of Parent/Guardian of Child \_\_\_\_\_

Address \_\_\_\_\_

Work Number \_\_\_\_\_ Home Number \_\_\_\_\_ Cell Number \_\_\_\_\_

Date, Place and Time of Incident \_\_\_\_\_ (am/pm)

Describe the activity the child was engaged in at the time of the incident \_\_\_\_\_

Name(s) of staff present at the activity \_\_\_\_\_ Total # staff/children present \_\_\_\_\_

Name(s) of other witnesses \_\_\_\_\_

Parent/Guardian Notified ☐ Yes ☐ No Time Notified \_\_\_\_\_ Method of Notification \_\_\_\_\_

When did child receive professional medical attention? ☐ NA \_\_\_\_\_

Name of facility/physician which provided medical care. ☐ NA \_\_\_\_\_

Describe medical attention/care/steps to locate child by facility \_\_\_\_\_

Describe care provided by medical facility/physician ☐ NA \_\_\_\_\_

Describe the child's injury ☐ NA \_\_\_\_\_

Does the child remain enrolled in the facility? ☐ Yes ☐ No

Describe action(s) taken to prevent reoccurrence \_\_\_\_\_

Additional Comments \_\_\_\_\_

Signature of Director/Provider \_\_\_\_\_ Date \_\_\_\_\_

(Make out form in duplicate: copy #1 to child's record; copy #2 to consultant)

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

Signature of Staff Person \_\_\_\_\_ Date \_\_\_\_\_

**\*\* Please notify your consultant that the incident report is being faxed to ensure that it is received.\*\***

**Form may be submitted without parent's signature to ensure it is submitted within 24 hours or the next business day.**

FOR CONSULTANT USE ONLY:

- |                                     |   |   |  |
|-------------------------------------|---|---|--|
| <input type="checkbox"/> Diapering  | <input type="checkbox"/> Infant Sleep Safety    | <input type="checkbox"/> Playground         | <input type="checkbox"/> Swimming Pools & water-related activities |
| <input type="checkbox"/> Discipline | <input type="checkbox"/> Medication             | <input type="checkbox"/> Staff:Child Ratios | <input type="checkbox"/> Transportation/Field Trips                |
| <input type="checkbox"/> Hygiene    | <input type="checkbox"/> Physical Plant-Hazards | <input type="checkbox"/> Supervision        | <input type="checkbox"/> Other                                     |

# Parent/Guardian Notice of No Liability Insurance and Acknowledgment

(Only Complete this Form if Instructed by your Child Care Provider)

I understand I am being informed in writing by signing this acknowledgment that this child care facility does not carry liability insurance sufficient to protect my children in the event of an injury, etc.

Parents'/Guardians' Signature(s):

\_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_ Date: \_\_\_\_\_

Printed Name(s):

\_\_\_\_\_

\_\_\_\_\_

Per SB 24 (2004) requiring child care facility owners who are not covered by liability insurance to **provide and retain written notice** regarding no coverage to the parents and guardians.

# **Food Service Forms**

## **FOOD SERVICE**

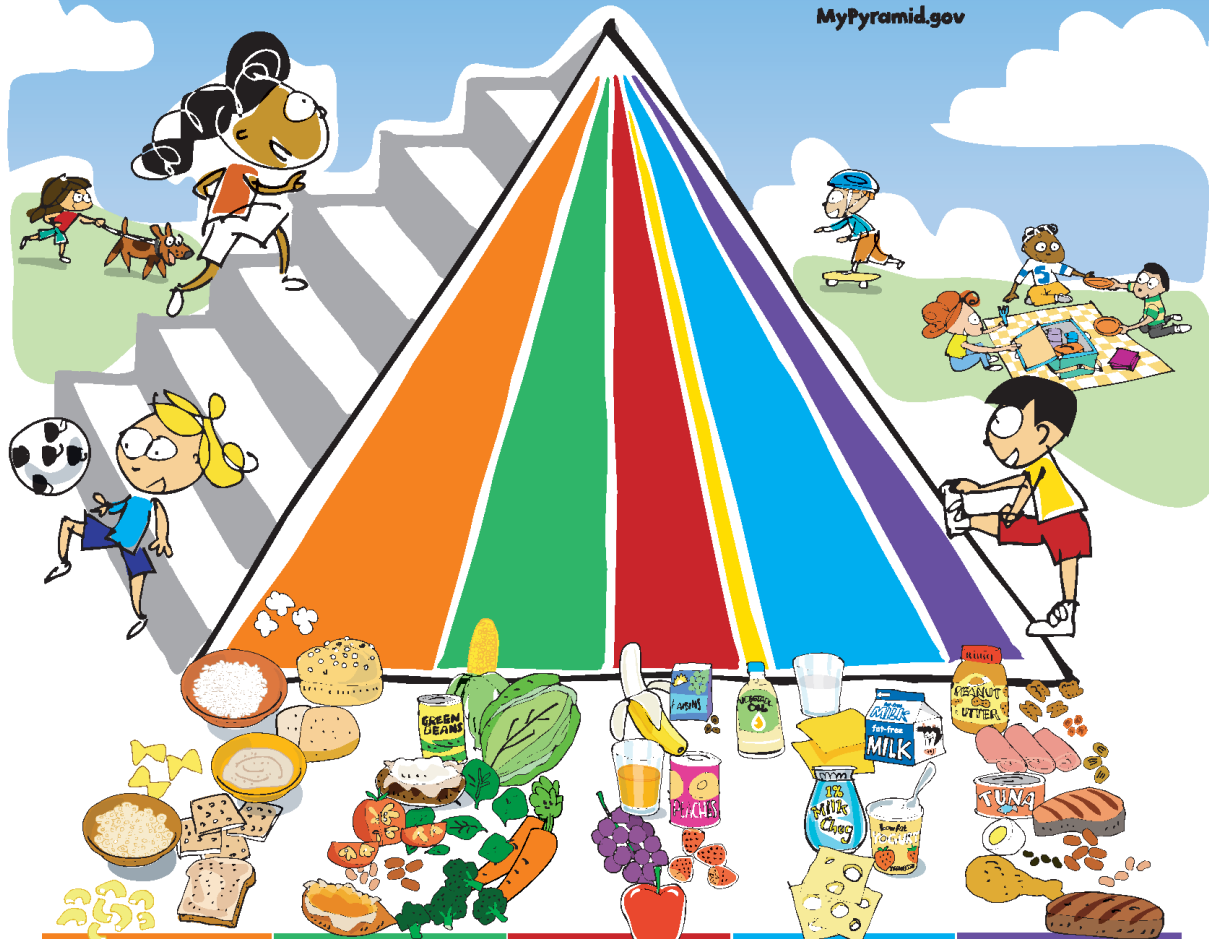
- Children must receive nutritious meals and snacks while at the facility
- These meals and snack can be provided by your facility or by parents
- All meals and snacks provided at your facility must comply with USDA standards
- Weekly menus must clearly identify all foods for meals and snacks your facility plans to serve
- Two hours are required between each required meal and snack

# MyPyramid

For Kids

Eat Right. Exercise Have Fun.

MyPyramid.gov



Grains Make half your grains whole	Vegetables Vary your veggies	Fruits Focus on fruits	Milk Get your calcium-rich foods	Meat & Beans Go lean with protein
<p>Start smart with breakfast. Look for whole-grain cereals.</p> <p>Just because bread is brown doesn't mean it's whole-grain. Search the ingredients list to make sure the first word is "whole" (like "whole wheat").</p>	<p>Color your plate with all kinds of great-tasting veggies.</p> <p>What's green and orange and tastes good? Veggies! Go dark green with broccoli and spinach, or try orange ones like carrots and sweet potatoes.</p>	<p>Fruits are nature's treats – sweet and delicious.</p> <p>Go easy on juice and make sure it's 100%.</p>	<p>Move to the milk group to get your calcium. Calcium builds strong bones.</p> <p>Look at the carton or container to make sure your milk, yogurt, or cheese is lowfat or fat-free.</p>	<p>Eat lean or lowfat meat, chicken, turkey, and fish. Ask for it baked, broiled, or grilled – not fried.</p> <p>It's nutty, but true. Nuts, seeds, peas, and beans are all great sources of protein, too.</p>

For an 1,800-calorie diet, you need the amounts below from each food group. To find the amounts that are right for you, go to [MyPyramid.gov](http://MyPyramid.gov)

Eat 6 oz. every day:  
at least half should be whole

Eat 2 1/2 cups every day

Eat 1 1/2 cups every day

Get 3 cups every day:  
for kids ages 2 to 4, it's 2 cups

Eat 5 oz. every day

**Oils** Oils are not a food group, but you need some for good health. Get your oils from fish, nuts, and liquid oils such as corn oil, soybean oil, and canola oil.

## Find your balance between food and fun

- Move more. Aim for at least 60 minutes everyday, or most days.
- Walk, dance, bike, rollerblade – it all counts. How great is that!

## Fats and sugars – know your limits

- Get your fat facts and sugar smarts from the Nutrition Facts label.
- Limit solid fats as well as foods that contain them.
- Choose food and beverages low in added sugars and other caloric sweeteners.



U.S. Department of Agriculture  
Food and Nutrition Services  
September 2005  
FNC-581



USDA is an equal opportunity provider and employer.

## Child and Adult Care Food Program Meal Patterns Revised 12/99

### Amounts and Types of Foods To Be Served to Children

This chart lists the amounts and types of food to be served to children one year and older.

Meal Components	Ages 1-2	Ages 3-5	Ages 6-12
<b>Breakfast:</b> <ul style="list-style-type: none"> <li>milk, fluid<sup>1</sup></li> <li>juice or fruit or vegetable</li> <li>bread or bread alternate or cornbread, biscuits, rolls, muffins, etc including cereal cold, dry or cereal hot, cooked</li> </ul>	½ cup ¼ cup ½ slice ½ serving  ¼ cup or 1/3 ounce ¼ cup	¾ cup ½ cup ½ slice ½ serving  1/3 cup or ½ ounce ¼ cup	1 cup ½ cup 1 slice 1 serving  ¾ cup or 1 ounce ½ cup
<b>Supplement (Snack)</b> (select 2 out of 4 components) <ul style="list-style-type: none"> <li>milk<sup>1</sup>, fluid</li> <li>juice or fruit or vegetable</li> <li>meat or meat alternate egg (large)</li> <li>bread or bread alternate including cereal, cold, dry or cereal hot, cooked</li> </ul>	½ cup ½ cup ½ ounce ½ ½ slice ¼ cup or 1/3 ounce ¼ cup	½ cup ½ cup ½ ounce ½ ½ slice 1/3 cup or ½ ounce ¼ cup	1 cup ¾ cup 1 ounce ½ 1 slice ¾ cup or 1 ounce ½ cup
<b>Lunch or Supper</b> <ul style="list-style-type: none"> <li>milk<sup>1</sup>, fluid</li> <li>meat or poultry or fish or egg (large) or cheese or cooked dry beans or peas or peanut butter and other "butters" nuts and seeds<sup>2</sup> or yogurt</li> <li>vegetables and/or fruits<sup>3</sup> (2 or more total)</li> <li>bread or bread alternate<sup>4</sup></li> </ul>	½ cup 1 ounce 1/2 1 ounce ¼ cup  2 Tbsp. ½ ounce  4 ounces ¼ cup  ½ serving or ½ slice	¾ cup 1 ½ ounces 3/4 1 ½ ounces 3/8 cup  3 Tbsp. ¾ ounce  6 ounces ½ cup  ½ serving or ½ slice	1 cup 2 ounces 1 2 ounces ½ cup  4 Tbsp. 1 ounce  8 ounces ¾ cup  1 serving or 1 slice

<sup>1</sup> Milk includes whole milk, 1% low fat milk, 2% reduced fat milk, fat free milk, cultured buttermilk, or flavored milk made from these types of fluid milk which meet State or local standards.

<sup>2</sup> For lunch and supper no more than 50% of the requirement may be met with nuts or seeds. Nuts or seeds shall be combined with another meat/meat alternate to meet the requirement. For crediting purposes 1 oz of nuts or seeds = 1 oz of cooked lean meat, poultry or fish.

<sup>3</sup> Serve two or more kinds of fruits and/or vegetables. Full strength vegetable or fruit juice may be counted to meet no more than one half of this requirement for lunch and supper.

<sup>4</sup> Bread alternate may also include an equivalent serving of such items as a roll, biscuit, muffin, cooked enriched or whole grain rice, macaroni, noodles or other pasta products.

# Weekly Menu Form

Provider's Name: _____								
Month/Year: _____								
		<b>Monday</b>	<b>Tuesday</b>	<b>Wednesday</b>	<b>Thursday</b>	<b>Friday</b>	<b>Saturday</b>	<b>Sunday</b>
<b>Calendar Date</b>								
<b>Breakfast</b>	Fluid Milk							
	Fruit, Vegetable or Full Strength Juice							
	Bread or Bread Alternate(s)							
	*Additional Food (Optional)							
<b>AM Snack</b>	Choose 2 of these 4: Fluid Milk							
	Fruit, Vegetable or Full Strength Juice							
	Bread or Bread Alternate							
	Meat or Meat Alternate							
<b>Lunch</b>	Fluid Milk							
	Meat or Meat Alternate							
	Vegetable or Fruit							
	Vegetable or Fruit							
	Bread or Bread Alternate(s)							
	*Additional Food (Optional)							
<b>PM Snack</b>	Choose 2 of these 4: Fluid Milk							
	Fruit, Vegetable or Full Strength Juice							
	Bread or Bread Alternate							
	Meat or Meat Alternate							

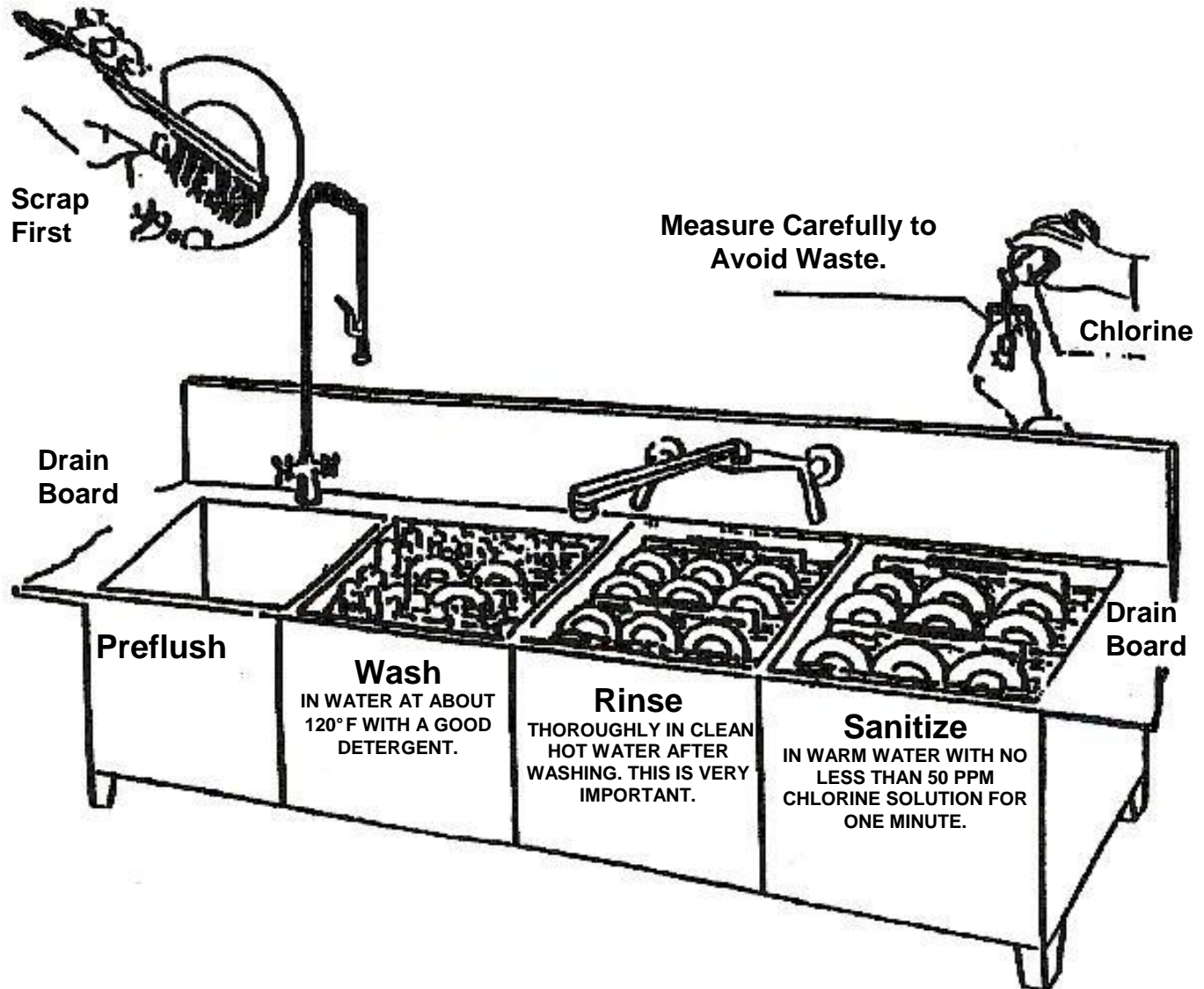


# Weekly Menu Form

Provider's Name: _____								
Month/Year: _____								
		<b>Monday</b>	<b>Tuesday</b>	<b>Wednesday</b>	<b>Thursday</b>	<b>Friday</b>	<b>Saturday</b>	<b>Sunday</b>
<b>Calendar Date</b>								
<b>PM Snack</b>	Choose 2 of these 4: Fluid Milk							
	Fruit, Vegetable or Full Strength Juice							
	Bread or Bread Alternate(s)							
	Meat or Meat Alternate							
<b>Supper</b>	Fluid Milk							
	Meat or Meat Alternate							
	Vegetable or Fruit							
	Vegetable or Fruit							
	Bread or Bread Alternate(s)							
	*Additional Food (Optional)							
<b>Evening Snack</b>	Choose 2 of these 4: Fluid Milk							
	Fruit, Vegetable or Full Strength Juice							
	Bread or Bread Alternate							
	Meat or Meat Alternate							

# Manual Dishwashing – Chemical Method

## Approved Procedure - Preflush, Wash, Rinse, Sanitize





Georgia Department of Early Care and Learning

2 Martin Luther King Jr. Drive, SE  
Suite 754, East Tower  
Atlanta, GA 30334  
(404) 656-5957

**Nathan Deal**  
*Governor*

**Bobby Cagle, MSW**  
*Commissioner*

---

## **CRITERIA FOR SACK LUNCHES**

1. Nutritional requirements as presently listed in 591-1-1-.15 of the Bright from the Start Rules for Child Care Learning Centers must be met.
2. The center shall have a written agreement with parents as to the parent's responsibility to provide the child a nutritious sack lunch.
3. The center shall provide all parents written nutritional information concerning the content of sack lunches.
4. Food brought into the center shall be evaluated each day and if the child's lunch does not meet the nutritional requirements of 591-1-1-.15(1) the center must provide the child the additional food necessary to meet the requirements.
5. Individual lunches shall be labeled and children monitored to assure that there is no swapping of home-prepared food.
6. The center shall provide for proper storage and refrigeration of sack lunches; all perishable and potentially hazardous foods shall be refrigerated at a temperature of 40 degrees or below. [591-1-1-.15(10)]  
  
"Potentially hazardous food" means any perishable food, which consists in whole or in part of milk or milk products, eggs, meat, poultry, fish, shellfish or other ingredients capable of supporting rapid and progressive growth of infectious microorganisms.
7. If there is any food preparation done in the center, all related requirements in 591-1-1-.15 of the Bright from the Start Rules for Child Care Learning Centers must be met.
8. Each child shall be served at least 4 ounces of milk each day if not contraindicated by special diets. [591-1-1-.15(1)]

# **ITEMS TO BE POSTED**

## **ALL ITEMS TO BE POSTED**

**Each facility shall post in a designated area for public viewing near the front entrance the following:**

- Current Child Care Learning Center/Group Day Care Home license or commission
- Copy of state rules and regulations
- Notice which advises parents of their right to review a copy of the center's most recent license or commission evaluation report upon request to the center director (Parents Rights Poster)
- Current Communicable Disease chart
- Statement allowing parental access to all child care areas upon notifying any staff member of his or her presence (Parents Rights Poster)
- Names of persons responsible for the administration of the center in the administrator's absence
- Current week's menu for meals and snacks
- Emergency plans for severe weather and fire
- Statement requiring visitors to check in with staff when entering the center
- No Smoking sign
- Consumer Product Safety Poster
- No Liability Insurance notice (only if facility does not carry liability insurance)

**Each Center shall post in other areas:**

- Hand washing chart by each sink used by adults
- Daily schedules and lesson plans in each classroom

**There must be an operable telephone in the facility. Each phone should have the following numbers posted by it:**

- Regional Poison Control Center
- Local hospital/medical office/physician
- County health department
- Ambulance/ Rescue Squad Services/ 911
- Local fire department/ 911
- Local police department/ 911

# PARENTS

## YOU HAVE THE RIGHT:

1. To access this facility anytime your child is in care. However, you need to immediately make your presence known to the person in charge of the facility.
2. To review a copy of the facility's latest licensure evaluation report, ask the facility director for this report.

A copy of the rules and regulations, which apply to this facility, is posted near the front entrance. These rules establish minimum requirements for the health, safety, and well-being of all children in care.

The department is required by law to investigate all complaints regarding rule violations. These may be addressed to the Bright from the Start: Georgia Department of Early Care and Learning licensing office at (404) 657-5562.

# VISITORS

Please check in with staff upon arrival to the facility.

# GOOD HEALTH IS IN YOUR HANDS!



- Washing your hands is the simplest and most effective thing you can do to reduce the spread of colds, flu, skin infections and diarrhea.
- Every time you touch your hands to your mouth you can get sick.
- Eating, nail biting, thumb sucking, handling food, and touching toys are all ways germs can spread.
- Even shaking a hand or opening a door can transfer germs to your hands.

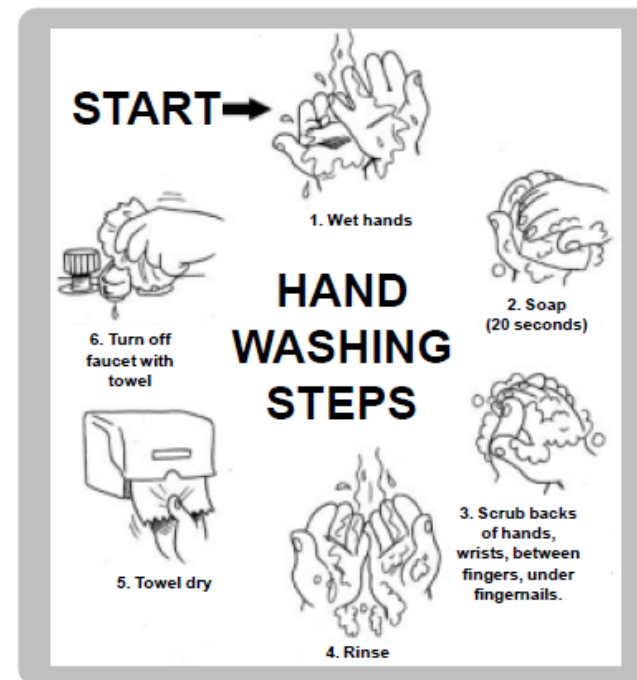
## Always wash your hands . . .

### *Before*

- preparing or eating food
- treating a cut or wound
- tending to someone who is sick
- inserting or removing contact lenses

### *After*

- using the bathroom
- changing a diaper or helping a child use the bathroom (don't forget the child's hands!)
- handling raw meats, poultry or eggs
- touching pets, especially reptiles
- sneezing or blowing your nose, or helping a child blow his/her nose
- handling garbage
- tending to someone who is sick or injured



# Childhood Infectious Illnesses (Communicable Disease Recommendations)

adapted from Childhood Infectious Illnesses poster—2008 edition  
Children's Healthcare of Atlanta

## EYE, EAR, NOSE, THROAT, AND CHEST

DISEASE, ILLNESS, OR ORGANISM	INCUBATION PERIOD	HOW IS IT SPREAD?	WHEN IS CHILD MOST CONTAGIOUS?	RETURN TO CENTER OR SCHOOL?	REPORT TO COUNTY HEALTH DEPARTMENT	HOW TO PREVENT SPREADING INFECTION
<b>Bronchiolitis, Bronchitis, Common Cold, Croup, Ear Infection, Pneumonia, Sinus Infection and Most Sore Throats</b> <i>(respiratory diseases caused by many different viruses and occasionally bacteria)</i>	Variable, numerous causes	Contact with droplets from nose, eyes, or mouth of infected person; some viruses can live on surfaces (toys, tissues, doorknobs, etc.) for several hours	Variable, often from the day before symptoms begin up to 5 days after onset	No restriction unless child has fever, or is too uncomfortable, fatigued, or ill to participate in activities (center unable to accommodate child's increased needs for comfort and rest)	NO <sup>1</sup>	<p>For all Diseases: Good handwashing and hygiene; proper disposal of soiled tissues; avoid sharing linens; proper disinfection of surfaces and toys; cough into elbow or clothing when tissues unavailable</p> <p>Illnesses caused by Influenza virus or pneumococcal bacteria can be reduced by timely immunization</p> <p><b>ADDITIONAL COMMENTS:</b> Influenza: Annual influenza vaccine recommended for children ages 6 months to 18 years as well as caregivers of young children (especially those &lt;6 months); cover coughs and sneezes</p> <p>Respiratory Syncytial Virus: Avoid sharing linens, toys</p> <p>Cold Sore: Avoid kissing, sharing drinks or utensils</p>
<b>Influenza*</b> <i>(influenza virus)</i>	1 to 3 days	Highly contagious; contact with droplets from nose, eyes, or mouth of infected person; virus may live on surfaces (toys, tissues, doorknobs, etc.) for several hours	Variable, from the day before until the first 7 days of illness	After 24 hours without fever and child's symptoms are improving	NO <sup>1</sup>	
<b>Respiratory Syncytial Virus (RSV)</b>	2 to 8 days	Highly contagious; contact with droplets from nose, eyes, or mouth of infected person; virus may live on surfaces (toys, tissues, doorknobs, etc.) for several hours	Variable, from the day before until 3 to 8 days or longer	After 24 hours without fever and child's symptoms are improving	NO <sup>1</sup>	
<b>Pinkeye</b> <i>(Pink or red eye; eyelid swelling; tearing and/or discharge)</i>	Variable, depending on the cause—bacterial, viral or allergic	Highly contagious; contact with secretions from eyes of an infected person or contaminated surfaces	Depending on the cause, up to 2 weeks	On recommendation of physician; bacterial conjunctivitis requires antibiotic treatment	NO <sup>1</sup>	
<b>Cold Sore</b> <i>(Herpes simplex virus)</i>	2 days to 2 weeks	Direct contact with infected oral secretions or lesions (drooling, kissing, thumb-sucking)	While lesions are present	After lesions are scabbed over and drooling controlled	NO <sup>1</sup>	

Developed courtesy of the John N. Goddard Office of Community Benefits at Children's Healthcare of Atlanta



DISEASE, ILLNESS, OR ORGANISM	INCUBATION PERIOD	HOW IS IT SPREAD?	WHEN IS CHILD MOST CONTAGIOUS?	RETURN TO CENTER OR SCHOOL?	REPORT TO COUNTY HEALTH DEPARTMENT	HOW TO PREVENT SPREADING INFECTION
<b>Diphtheria*</b> ( <i>Corynebacterium diphtheria</i> bacteria)	2 to 7 days	Contact with discharges from the nose, eyes, mouth or skin lesions of infected individual	Onset of sore throat to 4 days after treatment has begun	After 2 negative cultures are obtained	YES Treatment of contacts <i>may</i> be necessary; ensure vaccination of contacts is up-to-date	For all Diseases: Good handwashing and hygiene; proper disposal of soiled tissues; avoid sharing linens; proper disinfection of surfaces and toys  Illnesses caused by Influenza virus or pneumococcal bacteria can be reduced by timely immunization  ADDITIONAL COMMENTS: Diphtheria: Timely immunizations; Booster dose of either Td or Tdap is recommended for anyone over 11 years of age, including adults.
<b>Mononucleosis (Mono)</b> (Epstein-Barr virus)	4 to 7 weeks	Kissing on mouth; sharing objects contaminated with saliva	Variable, often prolonged	No restriction unless child has fever, or is too uncomfortable, fatigued, or ill to participate in activities (center unable to accommodate child's increased needs for comfort and rest)	NO <sup>1</sup>	Mononucleosis: Avoid kissing, sharing drinks or utensils
<b>Mumps*</b> (Mumps virus)	12 to 25 days (usually 16 to 18 days)	Contact with droplets from nose, eyes or mouth of infected person	Peak infectious time begins 2 days before swelling, but may range from 7 days before to 9 days after	9 days after parotid gland (neck) swelling begins	YES Treatment of contacts <i>may</i> be necessary; ensure vaccination of contacts is up-to-date	Mumps: Timely immunizations
<b>Strep Throat</b> (Group A <i>Streptococcus</i> bacteria)	1 to 5 days	Contact with droplets from nose and mouth. Rarely, outbreaks can be caused by contaminated food	From onset of symptoms until 24 hours after treatment	After at least 24 hours of antibiotic treatment and no fever for 24 hours	NO <sup>1</sup>	Strep Throat: Avoid kissing, sharing drinks or utensils; exclude infected adults from food handling
<b>Tuberculosis (TB)</b>	Many infected persons do not develop disease and have no symptoms. Risk of developing active disease is highest during first 1 to 2 years after infection	Airborne inhalation of droplets from nose and mouth of diseased person (children usually contract TB from close contact with a diseased adult)	Children with TB may be infectious to others when they have active disease of the lungs or throat	Only when Health Department or physician gives permission	YES Treatment of contacts <i>may</i> be necessary	Tuberculosis (TB): Routine TB skin testing is not recommended for children; however, healthcare evaluations should assess risk of TB exposure and skin test if TB exposure is likely
<b>Whooping Cough**</b> ( <i>Bordetella pertussis</i> bacteria)	5 to 21 days (usually 7 to 10 days)	Contact with droplets from nose, eyes or mouth of infected person	Most infectious before cough onset (with onset of runny nose), continuing until child has been on antibiotics for 5 days. If untreated, infectious for 3 weeks after cough begins	After appropriate antibiotic treatment for 5 days	YES Treatment of contacts <i>may</i> be necessary; ensure vaccination of contacts is up-to-date	Whooping cough: Timely immunizations; Booster dose of Tdap is recommended for anyone over 11 years of age, including adults; cover coughs and sneezes

DISEASE, ILLNESS, OR ORGANISM	INCUBATION PERIOD	HOW IS IT SPREAD?	WHEN IS CHILD MOST CONTAGIOUS?	RETURN TO CENTER OR SCHOOL?	REPORT TO COUNTY HEALTH DEPARTMENT	HOW TO PREVENT SPREADING INFECTION
<b>Viral Gastroenteritis</b> <i>(vomiting and/or diarrhea)</i> <ul style="list-style-type: none"> <li>Adenovirus</li> <li>Rotavirus</li> <li>Norovirus</li> </ul>	Varies with pathogen (pathogen is a disease-causing organism), usually 1 to 5 days	Contact with stool, saliva or vomit from infected individual directly or from surfaces. Norovirus highly infectious; frequent cause of outbreaks	From 2 days before illness until vomiting and diarrhea improve	No fever or vomiting for 24 hours and fewer than 5 stools per day	NO <sup>1</sup>	<p>For all Diseases: Good handwashing and hygiene; proper disposal of dirty diapers; proper disinfection of changing tables, toys and food preparation areas. Avoid potentially contaminated beverages, food and water; divide food preparation and diapering responsibilities among staff</p> <p><b>ADDITIONAL COMMENTS:</b></p> <p><b>Bacterial Gastroenteritis:</b></p> <p>Proper cooking/handling of meats and raw eggs. (Reptiles should not be permitted in childcare centers. Pet reptiles should be handled safely in other settings.)</p> <p><b>Hepatitis A:</b> Timely immunizations; consider Hepatitis A vaccine for caregivers; infected caregivers should not prepare meals for others</p> <p><b>Pinworms:</b> Frequent, good handwashing, particularly by infected child and any caregivers assisting with toileting; trim fingernails, prevent nail-biting and fingers in mouth; proper disposal/cleaning of diapers, bedding, clothes, etc.; proper disinfection of changing tables and toileting areas</p>
<b>Bacterial Gastroenteritis</b> <ul style="list-style-type: none"> <li>Pathogenic <i>E. coli</i></li> <li><i>Salmonella</i></li> <li><i>Campylobacter</i></li> <li><i>Shigella</i></li> <li><i>Yersinia</i></li> </ul>	Varies with pathogen, from 6 hours to 7 days	Contact with stool from infected individual (or occasionally pets); from contaminated food, beverages or water (especially raw eggs and improperly cooked meats)	When diarrhea is present. Pathogenic <i>E. coli</i> and <i>Shigella</i> highly infectious in small doses	No fever and stools are formed or fewer than 5 stools per day; pathogenic <i>E. coli</i> and <i>Shigella</i> require 2 negative stool cultures (exceptions may rarely be allowed by local health department for older children)	YES Treatment of contacts not necessary; follow-up stool tests are necessary for <i>Shigella</i> and <i>E. coli</i> infections	
<b>Giardia</b> <i>(a parasite)</i>	1 to 4 weeks (usually 7 to 10 days)	Contact with infected stool; consuming contaminated water or food	When diarrhea is present.	When stools are formed or fewer than 5 stools per day	YES Treatment of contacts not necessary; follow-up stool tests not necessary	
<b>Hepatitis A*</b>	2 to 7 weeks (usually 25 to 30 days)	Eating contaminated food/water; close contact with infected individuals; contact with infected stool	From 2 weeks before illness until 1 week after jaundice has begun	After 1 week from the onset of jaundice	YES Young children (younger than 5) often asymptomatic; one case may indicate a childcare center outbreak. Treatment of contacts may be necessary	
<b>Pinworms</b>	2 to 8 weeks	Pinworms lay microscopic eggs near rectum, causing itching. Infection spreads through ingestion of pinworm eggs, after contamination of hands by scratching	Eggs may survive up to 2 weeks after appropriate therapy AND resolution of rectal itching. Re-infection is common	No restriction, but treatment should be given to reduce spread	NO <sup>1</sup>	

# MENINGITIS

DISEASE, ILLNESS, OR ORGANISM	INCUBATION PERIOD	HOW IS IT SPREAD?	WHEN IS CHILD MOST CONTAGIOUS?	RETURN TO CENTER OR SCHOOL?	REPORT TO COUNTY HEALTH DEPARTMENT	HOW TO PREVENT SPREADING INFECTION
<b>Haemophilus influenzae type B*</b> (Hib bacteria) <i>Meningitis or sepsis as determined by spinal tap/blood tests</i>	Variable, usually 1 to 10 days	Contact with droplets from nose, eyes or mouth of infected person	Until at least 24 hours of antibiotic treatment, including antibiotics to eliminate carrier state	After at least 24 hours of antibiotic treatment, including antibiotics to eliminate carrier state, and child well enough to participate	YES Treatment of contacts may be necessary; ensure vaccination of contacts is up-to-date	<p>For all Diseases: Good handwashing and hygiene; proper disposal of soiled tissues; cover coughs and sneezes; avoid sharing drinks and utensils</p> <p>ADDITIONAL COMMENTS: Haemophilus influenzae type B (Hib bacteria): Timely immunizations</p> <p>Meningococcal meningitis: Timely immunizations</p> <p>Streptococcus pneumoniae: Timely immunizations</p> <p>Viral Meningitis: Proper disinfection of changing tables</p> <p>Neisseria Meningitidis: (meningococcal bacteria): Timely immunizations</p>
<b>Neisseria meningitidis</b> (Meningococcal bacteria) <i>Meningitis or sepsis as determined by spinal tap/ blood tests</i>	Variable, usually less than 4 days	Contact with droplets from nose, eyes or mouth of infected person	Until at least 24 hours of antibiotic treatment, including antibiotics to eliminate carrier state	After at least 24 hours of antibiotic treatment, including antibiotics to eliminate carrier state, and child well enough to participate	YES Treatment of contacts may be necessary	
<b>Streptococcus pneumoniae*</b> (Pneumococcal bacteria) <i>Meningitis or sepsis as determined by spinal tap/ blood tests</i>	Variable, usually less than 4 days	Contact with droplets from nose, eyes or mouth of infected person	Until at least 24 hours of antibiotic treatment	After at least 24 hours of antibiotic treatment, and child well enough to participate	YES Treatment of contacts not necessary and not beneficial	
<b>Viral Meningitis</b> (Usually enterovirus)	Variable, usually 3 to 6 days	Contact with droplets from nose, eyes or mouth, or fecal material, often from healthy people	From the day before the illness until a week after onset	After 24 hours without fever, and child well enough to participate	YES Treatment of contacts not necessary; no specific treatment available	

DISEASE, ILLNESS, OR ORGANISM	INCUBATION PERIOD	HOW IS IT SPREAD?	WHEN IS CHILD MOST CONTAGIOUS?	RETURN TO CENTER OR SCHOOL?	REPORT TO COUNTY HEALTH DEPARTMENT	HOW TO PREVENT SPREADING INFECTION
<b>Chickenpox**</b> ( <i>Varicella zoster virus</i> )	10 to 21 days (usually 14 to 16 days)	Airborne or direct contact with droplets from nose, mouth, or skin lesions of infected individuals or freshly contaminated objects	From 2 days before skin lesions develop until all lesions are crusted	When all lesions have crusted	NO <sup>1</sup>	For all Diseases: Good handwashing and hygiene; proper disposal of soiled tissues  ADDITIONAL COMMENTS: Chickenpox: Timely immunizations; cover coughs and sneezes  German Measles: Timely immunizations; (Child care providers who may become pregnant should be rubella-immune)  Hand, Foot and Mouth Disease: Proper disinfection of changing tables, surfaces and toys
<b>Fifth Disease#</b> ( <i>Human parvovirus B19</i> )	4 to 21 days (usually 4 to 14 days)	Contact with droplets from nose, eyes or mouth of infected person	Only during the week BEFORE rash develops	No need to restrict once rash has appeared	NO <sup>1</sup>	
<b>German Measles**</b> ( <i>Rubella virus</i> )	14 to 23 days (usually 16 to 18 days)	Contact with droplets from nose, eyes or mouth of infected person; may be transmitted to fetus across the placenta	From 5 days before until 7 days after the rash appears	7 days after the rash appears	YES Treatment of contacts usually not necessary; (exception: non-immune pregnant women)	
<b>Hand, Foot and Mouth Disease</b> ( <i>Coxsackievirus</i> )	3 to 6 days	Contact with fecal, oral or respiratory secretions	May be contagious for several weeks after infection	After 24 hours without fever and child is behaving normally	NO <sup>1</sup>	Head Lice: Should be watched closely for 2 weeks for new head lice. Close contacts need to be examined and treated for crawling lice. At home: wash bedding, clothes in hot water OR dry-clean OR seal in plastic bag for 10 days. Avoid sharing beds, combs, and brushes. At school: avoid sharing headgear; hang coats separately; use individual pillow/sleep mat
<b>Head Lice</b> ( <i>parasites</i> )	Eggs (nits) hatch in 6 to 10 days	Close contact with infested individuals and sharing combs, brushes, hats, or bedding	When there are live insects on the head	After treatment, if crawling lice are gone. Remove nits; however nits alone should not be a reason for exclusion. Please read the product information carefully; some may not be appropriate for infants	NO <sup>1</sup>	
<b>Impetigo</b> ( <i>Staphylococcus or Streptococcus bacteria</i> )	1 to 10 days	Direct skin contact (especially through contaminated hands) or nasal discharge or contaminated surfaces	Until active lesions are gone or after 24 hours on antibiotics	After at least 24 hours of antibiotics	NO	Impetigo: Trim fingernails  Measles: Timely immunizations; cover coughs and sneezes

DISEASE, ILLNESS, OR ORGANISM	INCUBATION PERIOD	HOW IS IT SPREAD?	WHEN IS CHILD MOST CONTAGIOUS?	RETURN TO CENTER OR SCHOOL?	REPORT TO COUNTY HEALTH DEPARTMENT	HOW TO PREVENT SPREADING INFECTION
<b>Measles*</b> ( <i>Rubeola virus</i> )	7 to 18 days (usually 8 to 12 days)	Airborne or direct contact with droplets from nose, eyes or mouth of infected person	From 4 days before the rash begins until 4 days after the start of the rash	At least 5 days after start of rash	YES Contacts may require treatment; program of vaccination may be recommended during outbreaks in childcare centers or schools	For all Diseases: Good handwashing and hygiene; proper disposal of soiled tissues  ADDITIONAL COMMENTS: MRSA: Cover skin lesions; avoid contact with wound drainage; proper disposal of dressings; do not share personal items (towels, personal care items); clean and disinfect athletic equipment between use; wash and dry laundry on "hot" setting.  Molluscum: Avoid contact sports. During outbreaks, further restrict person-to-person contact  Ringworm: Avoid direct contact with infected individuals; avoid sharing combs, brushes, hats, etc.; proper disinfection of surfaces and toys  Roseola: Proper disinfection of surfaces and toys  Scabies: All household members should be treated simultaneously to prevent re-infestation; bedding and clothing worn next to skin during the 4 days before the start of treatment should be washed in hot water; clothing that cannot be laundered should be removed and stored for several weeks
<b>MRSA</b> (Methicillin-resistant <i>Staph aureus</i> ) (a bacterial cause of skin boils and abscesses)	Variable, occasionally initially mistaken as spider bite	Direct skin contact with infected person, wound drainage, or contaminated surfaces. Increased risk in crowded conditions	Draining wounds are very contagious and should be covered at all times	If wound drainage can be well contained under a dressing. Exclude from high-risk activities such as close contact team sports until completely healed	NO <sup>†</sup>	
<b>Molluscum</b> ( <i>Molluscum contagiosum virus</i> )	Usually 2 to 7 weeks, sometimes longer	Direct skin contact with wound or contaminated surfaces	Not very contagious	No restriction	NO <sup>†</sup>	
<b>Ringworm on body and Ringworm on scalp</b> (caused by fungus)	Unknown	Direct skin contact with infected person or animal, or to surfaces or objects contaminated with fungus	From onset of lesions until treatment begins	Once treatment begins; ringworm on scalp requires oral medication	NO <sup>†</sup>	
<b>Roseola</b> (virus)	About 10 days	Respiratory droplets, often from healthy people	During fever	No restriction unless child has fever or is too ill to participate	NO <sup>†</sup>	
<b>Scabies</b> (parasites)	Usually 4 to 6 weeks, 1 to 4 days after re-exposure	Skin contact with infested individual; contact with bedding or clothes of infected person	From up to 8 weeks before skin rash appears until it has been treated with a scabicide cream	The day after adequate treatment begins	NO <sup>†</sup> If two or more documented cases in one center, treatment of center contacts may be necessary	

\* These diseases should have been vaccinated against, if immunizations are up to date. Chicken pox may still occur, but usually in a milder form.

# These diseases may be of concern to staff members who are pregnant or trying to become pregnant. Follow-up with obstetric health care provider is recommended after known or suspected contact.

† To reduce the spread of diseases in the classroom or child care center, it is recommended that similar illnesses (greater than three in the child care center or classroom) be reported to your county health department.

Exceptions to the exclusion/return to school guidelines listed on this chart may be made by local health department personnel and/or primary care physician on an individual case-by-case basis.

Adequate handwashing facilities, policies, and procedures are the keys to excellent hygiene that will eliminate or minimize transmission of these diseases and keep students in school.

# **NOTICE TO PARENTS AND** **GUARDIANS**

**THIS FACILITY DOES NOT CARRY  
LIABILITY INSURANCE COVERAGE  
SUFFICIENT TO PROTECT YOUR  
CHILD/CHILDREN IN THE EVENT  
OF AN INJURY, ETC.**

# **NOTICE TO PARENTS AND VISITORS:**

**The Consumer Product Safety Commission provides  
important safety information about recalled children's  
products.**

**PLEASE VISIT THEIR WEBSITE:  
[www.cpsc.gov](http://www.cpsc.gov)**

**OR CALL:  
800-638-2772  
TTY 800-638-8270**

# TRANSPORTATION GUIDELINES





## **TRANSPORTATION GUIDELINES**

To provide routine transportation services such as:

- School pick-up and delivery
- Home pick-up and delivery
- Field trips

The written Transportation Plan includes:

- Name of the licensed driver/ evidence of current driver's license
- Manufacturer's Rated Seating Capacity for each vehicle
- Checklist to account for the loading and unloading of children at each stop  
(see children's records)
- List of children to be transported (see children's records)
- Emergency medical information; (see children's records)
- Annual Vehicle Inspection Form (this must be completed for each transportation vehicle used for routine and emergency purposes)
- Evidence of current first aid and CPR training for driver (see staff records)

**BRIGHT FROM THE START**  
**Georgia Department of Early Care and Learning**  
**ANNUAL**  
**TRANSPORTATION VEHICLE SAFETY**  
**INSPECTION CERTIFICATION**

ITEMS TO BE INSPECTED	O.K.	DEFICIENT	CORRECTION OR ADJUSTMENTS MADE	REMARKS
Brakes				
Head Lights				
Tail Lights				
Stop Lights				
Turn Signals				
Tires				
Suspension				
Steering				
Windshield Wipers				
Windshield and Windows				
Exhaust System				
Horn				
Heating System				
Safety Alarm located at back of vehicle (If equipped)				
Safety Alarm functioning correctly (time delay to activation less than 1 minute) (If equipped)				

**Owner/Operator of Vehicle:** \_\_\_\_\_

**Address:** \_\_\_\_\_  
 \_\_\_\_\_

**Make/Model:** \_\_\_\_\_

**Tag Number:** \_\_\_\_\_ **Speedometer Reading:** \_\_\_\_\_

**Mechanic's Signature:**  
 \_\_\_\_\_

**Date of Inspection:** \_\_\_\_\_

## TRANSPORTATION AGREEMENT

This is to certify that I give \_\_\_\_\_  
Facility name

permission to transport my child \_\_\_\_\_  
Child's name

From \_\_\_\_\_ at \_\_\_\_\_ (a.m./p.m.)  
Pick-up Location

To \_\_\_\_\_ at \_\_\_\_\_ (a.m./p.m.)  
Delivery Location

My child will be transported from \_\_\_\_\_ at \_\_\_\_\_ (a.m./p.m.)  
Pick-up Location

on the following days (check all that apply):

\_\_\_\_\_ Monday  
\_\_\_\_\_ Tuesday  
\_\_\_\_\_ Wednesday  
\_\_\_\_\_ Thursday  
\_\_\_\_\_ Friday.

\_\_\_\_\_ is authorized to receive my child. In the event the authorized  
Name of Authorized Person

person is not present to receive my child, the following procedures are to be followed:

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The \_\_\_\_\_ is approximately \_\_\_\_\_ miles from the center.  
location

In the event that my child is not to be transported as outlined above, I agree to notify

\_\_\_\_\_.  
Facility name

Signature \_\_\_\_\_  
(Parent/Legal Guardian)

Date \_\_\_\_\_

## Field Trip Form

Center Name: \_\_\_\_\_ Center Phone Number: \_\_\_\_\_

Date of Field Trip	Departure Time	AM/PM	Estimated ReturnTime	AM/PM
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**Field Trip Location** \_\_\_\_\_ **Address (Street, City, Zip Code)**\_\_\_\_\_

Name of Driver	Name of Staff Person Responsible for Checklist
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[illegible]

Names of Other Adults Attending Trip

<b><u>IF YOUR CHILD HAS PERMISSION TO ATTEND THIS FIELD TRIP, PLEASE SIGN AND DATE BELOW.</u></b>			<b>NOTE ALL DEPARTURE/ARRIVAL TIMES AND INITIAL BELOW. THEN CHECK ON AND OFF FOR EACH CHILD.</b>					
			AM / PM	AM / PM	AM / PM	AM / PM	AM / PM	AM / PM
			ON	OFF	ON	OFF	ON	OFF
Child's First & Last Name	Parent's Signature	Date						
<b><u>FIRST CHECK: SIGNATURE OF STAFF PERSON ON TRIP VERIFYING VEHICLE CHECKED AND NO CHILD LEFT ON VEHICLE AT EACH STOP</u></b>								
<b><u>SECOND CHECK: FOR VEHICLES WITHOUT AN ALARM SIGNATURE OF STAFF PERSON NOT ON THE TRIP VERIFYING VEHICLE CHECKED AND NO CHILD LEFT ON VEHICLE</u></b>								
<b><u>IF APPLICABLE: SIGNATURE OF STAFF PERSON WHO REPORTED BY PHONE TO THE DESIGNATED PERSON THAT VEHICLE WAS CHECKED AND NO CHILD WAS LEFT ON VEHICLE.</u></b>								
<b><u>NAME OF PERSON CHECKLIST TURNED IN TO:</u></b>						<b><u>NAME OF PERSON REPORTED TO:</u></b>		

**Facility Name:** \_\_\_\_\_ **Phone #:** \_\_\_\_\_ **Driver Name:** \_\_\_\_\_

**Phone#:** \_\_\_\_\_ **Driver Name:** \_\_\_\_\_

Driver Name:

**Staff Responsible for Checklist:**

<b>Week of:</b>	
-----------------	--

## School Transportation Plan

(use one form per school)

**Child's First and Last Name**

**Mark for each child:**

**X= Load/Unload**

A= Absent

[illegible][illegible]

Home Transportation Form  
Page 1

Center Name: \_\_\_\_\_ Center Phone Number: \_\_\_\_\_

Day of the Week: M T W Th F S Su

Name of Driver: \_\_\_\_\_

Vehicle Tag Number: \_\_\_\_\_

Names of Other Adults on Vehicle:

Today's Date:

Name of Staff Person Responsible for Checklist:

Vehicle has child safety alarm device: YES NO

[illegible]

Home Transportation Form  
Page 2

Center Name: \_\_\_\_\_ Center Phone Number: \_\_\_\_\_

<b>A NEW FORM MUST BE USED EACH DAY</b>				<b>NOTE ALL DEPARTURE/ARRIVAL TIMES AND INITIAL BELOW. THEN CHECK ON AND OFF FOR EACH CHILD.</b>												
Child's First & Last Name (Each child listed individually)	Restraint Type <small>Section - B Car Seat-C Section-D</small>	Pick-Up Address	Delivery Address		O N	Pick Up Time	I N I T I A L S	O F F	Delivery Time	I N I T I A L S	O N	Depart Time	I N I T I A L S	O F F	Delivery Time	I N I T I A L S
				AM												
				PM												
				AM												
				PM												
				AM												
				PM												
				AM												
				PM												
				AM												
				PM												

<b>FIRST CHECK</b>		
<u>SIGNATURE OF STAFF PERSON ON TRIP VERIFYING VEHICLE CHECKED AND NO CHILD LEFT ON VEHICLE.</u>	AM	
	PM	
<b>SECOND CHECK</b>		
<u>FOR VEHICLES WITHOUT AN ALARM: SIGNATURE OF STAFF PERSON NOT ON THE TRIP VERIFYING VEHICLE CHECKED AND NO CHILD LEFT ON VEHICLE</u>	AM	
	PM	
<u>IF APPLICABLE: SIGNATURE OF STAFF PERSON WHO REPORTED BY PHONE TO THE DESIGNATED PERSON THAT VEHICLE WAS CHECKED AND NO CHILD WAS LEFT ON VEHICLE.</u>	AM	
	PM	
<u>IF APPLICABLE: NAME OF PERSON REPORTED TO:</u>	AM	
	PM	
<u>NAME OF PERSON CHECKLIST TURNED IN TO:</u>	AM	
	PM	

<u>Medical Facility Used by Center</u>	
<u>Name and Address of Insurance Company</u>	

## VEHICLE EMERGENCY MEDICAL INFORMATION

Child's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_

Father's Name \_\_\_\_\_ Home Phone Number \_\_\_\_\_

Work Phone Number \_\_\_\_\_ Cell Phone Number \_\_\_\_\_

Mother's Name \_\_\_\_\_ Home Phone Number \_\_\_\_\_

Work Phone Number \_\_\_\_\_ Cell Phone Number \_\_\_\_\_

Person to notify in case of an emergency when parents cannot be reached:

Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Child's Doctor \_\_\_\_\_ Phone Number \_\_\_\_\_

Medical Facility the Center uses \_\_\_\_\_

Address \_\_\_\_\_

Child's Allergies \_\_\_\_\_

Current prescribed medication \_\_\_\_\_

Child's special medical needs and conditions \_\_\_\_\_

\_\_\_\_\_

In the event of an emergency involving my child, and if \_\_\_\_\_

Facility name

cannot get in touch with me, I hereby authorize any needed emergency medical care. I further agree to be fully responsible for all medical expenses incurred during the treatment of my child.

Child's Name \_\_\_\_\_

Printed name of Parent/Guardian \_\_\_\_\_

Signature of Parent/Guardian \_\_\_\_\_

Witnessed by \_\_\_\_\_ Date \_\_\_\_\_



FACT SHEET

# CHILD CARE TRANSPORTATION VEHICLE REQUIREMENTS

It is important to note that Child Care Providers compliance of the new law is effective July 1, 2012.

## Exempt from Car Seat / Booster Seat Requirement



Standard School Bus



Multi-Function School Activity Bus (MFSAB)

## NOT Exempt (see details below)



12 to 15 Passenger Van



Shuttle Bus (does not meet School Bus Standards)

### For "Traditional" 12 or 15 Passenger Vans and Shuttle Buses

- All children under age 8 must be in a car seat or booster seat
- All children age 8 and older must be in seat belts

### For School Buses and Multi-Function School Activity Buses (MFSAB)

- Children must be in a seat belt per child care licensing regulations
  - Car seats or booster seats are not required by law; however
- NOTE: In 1999, the National Highway Traffic Safety Administration (NHTSA) issued the, "Guideline for the Safe Transportation of Pre-School Age Children in School Buses." The NHTSA recommends using properly secured child restraint systems for pre-school age children. For more information, go to: <http://www.nhtsa.dot.gov/people/injury/buses/Guide1999/prekfinal.htm>

The law can be found online under the Official Code of Georgia Annotated (O.C.G.A.) Section 40-8-76.

## CHILD CARE TRANSPORTATION VEHICLE REQUIREMENTS

### Frequently Asked Questions about Child Care Transportation Vehicle Requirements

**1. Define a 15-passenger van.**

A 15-passenger van has five rows of seats and is intended to transport up to 15 people including the driver.

**2. Can I continue to use a 15-passenger van to transport children?**

Yes. You may continue to use vans to transport children. However, children under age 8 must be in an appropriate child restraint system (e.g. car seat or booster seat).

**3. What is a Multi-Function School Activity Bus (MFSAB)?**

A MFSAB meets all of Federal Motor Vehicle Safety Standards (FMVSS) for a school bus, but it is not painted yellow and does not have the stop lights, stop "arm", etc.

**4. Why do vans have to use car seats and booster seats, but buses and MFSAB's do not?**

School buses and MFSAB's must meet more stringent Federal Motor Vehicle Safety Standards for transporting children. They are designed to provide enhanced protection for their occupants in a crash. Features such as high-back padded seats, stronger seat mounts, and enhanced rollover protection significantly reduce injuries and fatalities.

**5. What if my school bus (or Multi-Function School Activity Bus) does not have seat belts?**

You may continue to transport children in school buses and MFSAB's without seat belts. However, if seat belts are available, the children must be using them to be in compliance with licensing rules and regulations.

**6. What is an "appropriate" child restraint system?**

There are hundreds of products designed to safely transport children. Always refer to the manufacturer's instructions and/or labels for the child restraint system for information on proper use of the restraint (i.e. age, height, and weight limitations) and how to install the restraint properly. Generally, car seats are more appropriate for smaller children, and booster seats should be used for larger children. Under Georgia law, an "appropriate" child restraint system is, *"appropriate for such child's height and weight and approved by the United States Department of Transportation under provisions of Federal Motor Vehicle Safety Standard 213 in effect on January 1, 1983, or at the time of manufacture."*

**7. Are there any van exemptions based on the height or weight of the child?**

Yes. The following exceptions are:

- If all other passenger seating positions with lap-shoulder belts are being used with an appropriate child restraint system, a child over 40 pounds may be in a lap belt only
- If a parent or guardian provides a written physician's statement that a physical or medical condition of the child prevents placing him or her in a child restraint system, the child is exempt
- If the child is over 4 feet 9 inches, the child may be placed in a seat belt only

**8. What do I do about the seats in my van that do not have a shoulder belt?**

Most car seats can be properly installed using a lap belt only. However, most booster seats require both a lap and a shoulder belt. Unless the manufacturer's instructions state otherwise, you may not use a booster seat with a lap belt only. Doing so could increase the chances of an injury in a crash. Under the law, you must first properly secure the children in child restraint systems. If all seating positions with lap and shoulder belts are occupied, you may place children weighing over 40 pounds into a seat with a lap belt only.


**9. Where can I learn more about the seat belt law?**

This law was enacted in July 2011 and can be found online under the Official Code of Georgia Annotated (O.C.G.A.) Section 40-8-76 at: <http://www.lexis-nexis.com/hottopics/gacode/Default.asp>.

## CHILD CARE TRANSPORTATION VEHICLE REQUIREMENTS

**10. How can I determine if a Bus is a School Bus or MFSAB?**

All school buses and MFSAB's have a label from the manufacturer certifying that it is a school bus or MFSAB. The label is usually, "affixed to either the hinge pillar, door-latch post, or the door edge that meets the door-latch post, next to the driver's seating position, or to the left side of the instrument panel. If none of these locations are practicable, the label must be affixed to the inward-facing surface of the door next to the driver's seating position. A bus that meets the FMVSSs applicable to school buses will state "school bus" or "MFSAB" as its vehicle classification."

 <b>Thomas</b> <b>BUILT BUSES</b> We Move People.	HIGH POINT, NORTH CAROLINA MFD BY THOMAS BUILT BUSES INC.
MADE IN U.S.A	02-2003

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INC VEH MFD BY: GMC	DATE: 11-2002
GVWR: 4537 KG (10000 LB)	
GAWR FRONT: 1860 KG (04100 LB) WITH 225/75R16	(D) TIRES
16X6 RIMS AT 448 KPA (065 PSI) COLD	SINGLE
GAWR INTERMEDIATE:	
GAWR REAR: 3403 KG (07500 LB) WITH 225/75R16	(D) TIRES
16X6 RIMS AT 448 KPA (065 PSI) COLD	DUAL
THIS VEHICLE CONFORMS TO ALL APPLICABLE FEDERAL MOTOR VEHICLE SAFETY STANDARDS IN EFFECT IN: 11-2002	
V.I.N.: 1GDHG31UX31144974	CHAS. ID. NO: 58332
VEH. TYPE: SCHOOL BUS	(+DRIVER)- EQUIP. CAP: 014
BODY ID: 35107-0312573-041MS	

**Section H:**  
**Resources**  
**&**  
**Contact Information**



## CHILD CARE AND PRESCHOOL PANDEMIC INFLUENZA PLANNING CHECKLIST



A pandemic is a global disease outbreak. A flu pandemic occurs when a new influenza virus emerges that people have little or no immunity to and for which there may be no vaccine. The disease spreads easily person-to-person and causes serious illness. It can sweep across the country and around the world very quickly. It is hard to predict when the next flu pandemic will occur or how bad it will be.

Child care and preschool programs can help protect the health of their staff and the children and families they serve. Interruptions in child care services during an influenza (flu) pandemic may cause conflicts for working parents that could result in high absenteeism in workplaces. Some of that absenteeism could be expected to affect personnel and workplaces that are critical to the emergency response system. The U.S. Department of Health and Human Services (HHS) and the Centers for Disease Control and Prevention (CDC) offer this checklist to help programs prepare for the effects of a flu pandemic. Many of these steps can also help in other types of emergencies. More information on pandemic flu is available at [www.pandemicflu.gov](http://www.pandemicflu.gov).

### 1. Planning and Coordination:

Completed	In Progress	Not Started	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Form a committee of staff members and parents to produce a plan for dealing with a flu pandemic. Include members from all different groups your program serves. Include parents who do not speak English who can help contact other non-English speakers in the community. Staff of very small programs might consider joining together with other similar programs for planning.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Assign one person to identify reliable sources of information and watch for public health warnings about flu, school closings, and other actions taken to prevent the spread of flu.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Learn who in your area has legal authority to close child care programs if there is a flu emergency.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Learn whether the local/state health departments and agencies that regulate child care have plans. Be sure your flu plan is in line with their plans. Tell them if you can help support your community's plan.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Identify all the ways a flu pandemic might affect your program and develop a plan of action. (For example, you might have problems with food service, transportation, or staffing.)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Encourage parents to have a "Plan B" for finding care for their children if the program is closed during a flu pandemic. Give them ideas about where they might seek help based on your knowledge of the local child care community.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Work with those in charge of your community's plan to find other sources of meals for low-income children who receive subsidized meals while in your care. (For example, locate food pantries and meals on wheels.)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Learn about services in your area that can help your staff, children, and their families deal with stress and other problems caused by a flu pandemic.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Stage a drill to test your plan and then improve it as needed. Repeat the drill from time to time. Consider volunteering to help in tests of community plans.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Talk to other child care and preschool programs in your area to share information that could make your plan better. Discuss ways programs could work together to produce a stronger plan and pool resources.

### 2. Student Learning and Program Operations:

Completed	In Progress	Not Started	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Plan how you would deal with program closings, staff absences, and gaps in student learning that could occur during a flu pandemic.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Plan ways to help families continue their child's learning if your child care program or preschool is closed. (For example, give parents things they can teach at home. Tell them how to find ideas on the internet. Talk with child care resource referral agencies or other groups that could help parents continue their children's learning at home.)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Plan ways to continue basic functions if your program is closed. (For example, continue meeting payroll and keeping in touch with staff and student's families.)

### 3. Infection Control Policies and Actions:

Completed	In Progress	Not Started	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Give special attention to teaching staff, children, and their parents on how to limit the spread of infection. (For example, use good hand washing; cover the mouth when coughing or sneezing; clean toys frequently.) Programs should already be teaching these things to build habits that protect children from disease. (See <a href="http://www.cdc.gov/flu/school/">www.cdc.gov/flu/school/</a> and <a href="http://www.healthykids.us/cleanliness.htm">www.healthykids.us/cleanliness.htm</a> .)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Keep a good supply of things you will need to help control the spread of infection. (For example, keep on hand plenty of soap, paper towels, and tissues.) Store the supplies in easy-to-find places.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Tell families that experts recommend yearly flu shots for all children 6 months to 5 years old and for anyone who cares of children in that age range. (See <a href="http://www.cdc.gov/od/oc/media/pressrel/r060223.htm">www.cdc.gov/od/oc/media/pressrel/r060223.htm</a> .)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Encourage staff to get flu shots each year. (See <a href="http://www.cdc.gov/flu/protect/preventing.htm">www.cdc.gov/flu/protect/preventing.htm</a> .)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Tell parents to let your program know if their children are sick. Keep accurate records of when children or staff are absent. Include a record of the kind of illness that caused the absence (e.g., diarrhea/vomiting, coughing/breathing problems, rash, or other). (See <a href="http://nrc.uchsc.edu/CFOC/XMLVersion/Chapter_3.xml">http://nrc.uchsc.edu/CFOC/XMLVersion/Chapter_3.xml</a> .)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Teach staff a standard set of steps for checking children and adults each day as they arrive to see if they are sick. Make it clear that any child or adult who is ill will not be admitted. (See <a href="http://www.healthykids.us/chapters/sick_main.htm">www.healthykids.us/chapters/sick_main.htm</a> .)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Have a plan for keeping children who become sick at your program away from other children until the family arrives, such as a fixed place for a sick room. (See <a href="http://nrc.uchsc.edu/CFOC/XMLVersion/Chapter_3.xml">http://nrc.uchsc.edu/CFOC/XMLVersion/Chapter_3.xml</a> .)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Require staff members to stay home if they think they might be sick. If they become sick while at the program, require them to go home and stay home. Give staff paid sick leave so they can stay home without losing wages.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Require ill staff and students to stay at home until their flu symptoms are gone and they feel ready to come back to work.

### 4. Communications Planning:

Completed	In Progress	Not Started	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Have a plan for keeping in touch with staff members and students' families. Include several different methods of contacting them. (For example, you might use hotlines, telephone trees, text messaging, special Websites, local radio and/or TV stations.) Test the contact methods often to be sure they work.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Make sure staff and families have seen and understand your flu pandemic plan. Explain why you need to have a plan. Give them a chance to ask questions.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Give staff and students' families reliable information on the issues listed below in their languages and at their reading levels. <ul style="list-style-type: none"><li><input type="checkbox"/> How to help control the spread of flu by hand washing/cleansing and covering the mouth when coughing or sneezing. (See <a href="http://www.cdc.gov/flu/school/">www.cdc.gov/flu/school/</a>.)</li><li><input type="checkbox"/> How to recognize a person that may have the flu, and what to do if they think they have the flu. (See <a href="http://www.pandemicflu.gov">www.pandemicflu.gov</a>.)</li><li><input type="checkbox"/> How to care for ill family members. (See <a href="http://www.hhs.gov/pandemicflu/plan/sup5.html#box4">www.hhs.gov/pandemicflu/plan/sup5.html#box4</a>.)</li><li><input type="checkbox"/> How to develop a family plan for dealing with a flu pandemic. (See <a href="http://www.pandemicflu.gov/planguide/">www.pandemicflu.gov/planguide/</a>.)</li></ul>

U.S. Consumer Product Safety Commission

# A SAFER GENERATION OF CRIBS

New Federal Requirements



## 5 New Federal Requirements:

- 🔒 Traditional drop-side cribs cannot be made or sold; immobilizers and repair kits not allowed
- 🔒 Wood slats must be made of stronger woods to prevent breakage
- 🔒 Crib hardware must have anti-loosening devices to keep it from coming loose or falling off
- 🔒 Mattress supports must be more durable
- 🔒 Safety testing must be more rigorous

**Beginning June 28, 2011 all cribs sold in the United States must meet new federal requirements for overall crib safety.**



SafeSleep is a campaign of the U.S. Consumer Product Safety Commission.



[www.cpsc.gov](http://www.cpsc.gov)



NSN 11-2





[www.cpsc.gov](http://www.cpsc.gov)

# Child Care Providers

## Your Guide to New Crib Standards

Beginning **December 28, 2012**, any crib provided by child care facilities and family child care homes must meet new and improved federal safety standards. The new standards take effect for manufacturers, retailers, importers and distributors on **June 28, 2011**, addressing deadly hazards previously seen with traditional drop-side rails, requiring more durable hardware and parts and mandating more rigorous testing.

### What you should know...

- This is more than a drop side issue. Immobilizing your current crib will not make it compliant.
- You cannot determine compliance by looking at the product.
- The new standards apply to all full-size and non full-size cribs including wood, metal and stackable cribs.
- If you purchase a crib prior to the June 28, 2011 effective date and you are unsure it meets the new federal standard, CPSC recommends that you verify the crib meets the standard by asking for proof.
  - o Ask the manufacturer, retailer, importer or distributor to show a Certificate of Compliance. The document must:
    - Describe the product
    - Give name, full mailing address and telephone number for importer or domestic manufacturer
    - Identify the rule for which it complies (16 CFR 1219 or 1220)
    - Give name, full mailing address, email address and telephone number for the records keeper and location of testing lab
    - Give date and location of manufacture and testing
  - o The crib must also have a label attached with the date of manufacture

### What you should do...

- All child care facilities, family child care homes, and places of public accommodation:
  - o Must prepare to replace their current cribs with new, compliant cribs before December 28, 2012.
  - o Should not resell, donate or give away a crib that does not meet the new crib standards.
- Dispose of older, noncompliant cribs in a manner that the cribs cannot be reassembled and used.
- Noncompliant cribs should not be resold through online auction sites or donated to local thrift stores. CPSC recommends disassembling the crib before discarding it.





## **Child Care Resource and Referral Agencies in the State of Georgia**

### **Region 1: Child Care Resource and Referral Agency of North Georgia-Quality Care for Children, Inc.**

913 N. Tennessee Street, Suite 202  
Cartersville, GA 30120

#### **Contact Gloria Calhoun**

(770) 387-0828

Toll Free 1-800-308-1825

Fax (678) 721-6676

[gloria.calhoun@qualitycareforchildrennwga.org](mailto:gloria.calhoun@qualitycareforchildrennwga.org)

<http://www.qualitycareforchildren.org>

### **Region 2: Child Care Resource and Referral Agency of Metro Atlanta-Quality Care for Children, Inc.**

50 Executive Park South, Suite 5015  
Atlanta, GA 30329

#### **Contact Pam Runkle**

(404) 479-4233

Toll Free 1-877-722-2445

Fax (404) 479-4166

[pam.runkle@qualitycareforchildren.org](mailto:pam.runkle@qualitycareforchildren.org)

<http://www.qualitycareforchildren.org>

### **Region 3: Child Care Resource and Referral Agency of the Central Region at Macon-Medical College of Georgia**

277 Martin Luther King Jr. Blvd, Suite 104  
Macon, GA 31201

#### **Contact Julie Phillips**

(478) 751-3000

Toll Free 1-877-228-3566

Fax (478) 751-3010

[jphillips@mcg.edu](mailto:jphillips@mcg.edu)

<http://www.mcg.edu/ccrr>

**Region 4: Child Care Resource and Referral of Southwest Georgia at Albany-Darton College**

2429 Gillionville Rd.  
Albany, GA 31701

**Contact Soraya Kimbrel-Miller**

(229) 317-6834  
Toll Free 1-866-833-3552  
Fax (229) 317-6968

[soraya.kimbrel@darton.edu](mailto:soraya.kimbrel@darton.edu)  
<http://ccrr.darton.edu/>

**Region 5: Child Care Resource and Referral Agency Of Southeast-Georgia at Savannah - Savannah Technical College**

190 Crossroads Parkway  
Savannah, GA 31407

**Contact Sherry Costa**

(912) 443-3011  
Toll Free 1-877-935-7575  
Fax (912) 966-6735

[scosta@savannahtech.edu](mailto:scosta@savannahtech.edu) <http://www.ccrrofsoutheastga.org/>

**Region 6: Child Care Resource and Referral Agency of East Georgia-Quality Care for Children, Inc.**

3706 Atlanta Hwy, Suite 1  
Athens, GA 30606

**Contact Lisa Bledsoe**

(706) 543-6177  
Fax (706) 543-3077

[lisa.bledsoe@qualitycareforchildren.org](mailto:lisa.bledsoe@qualitycareforchildren.org)  
<http://www.qualitycareforchildren.org>

### Regional Map

Region 1 - North Georgia

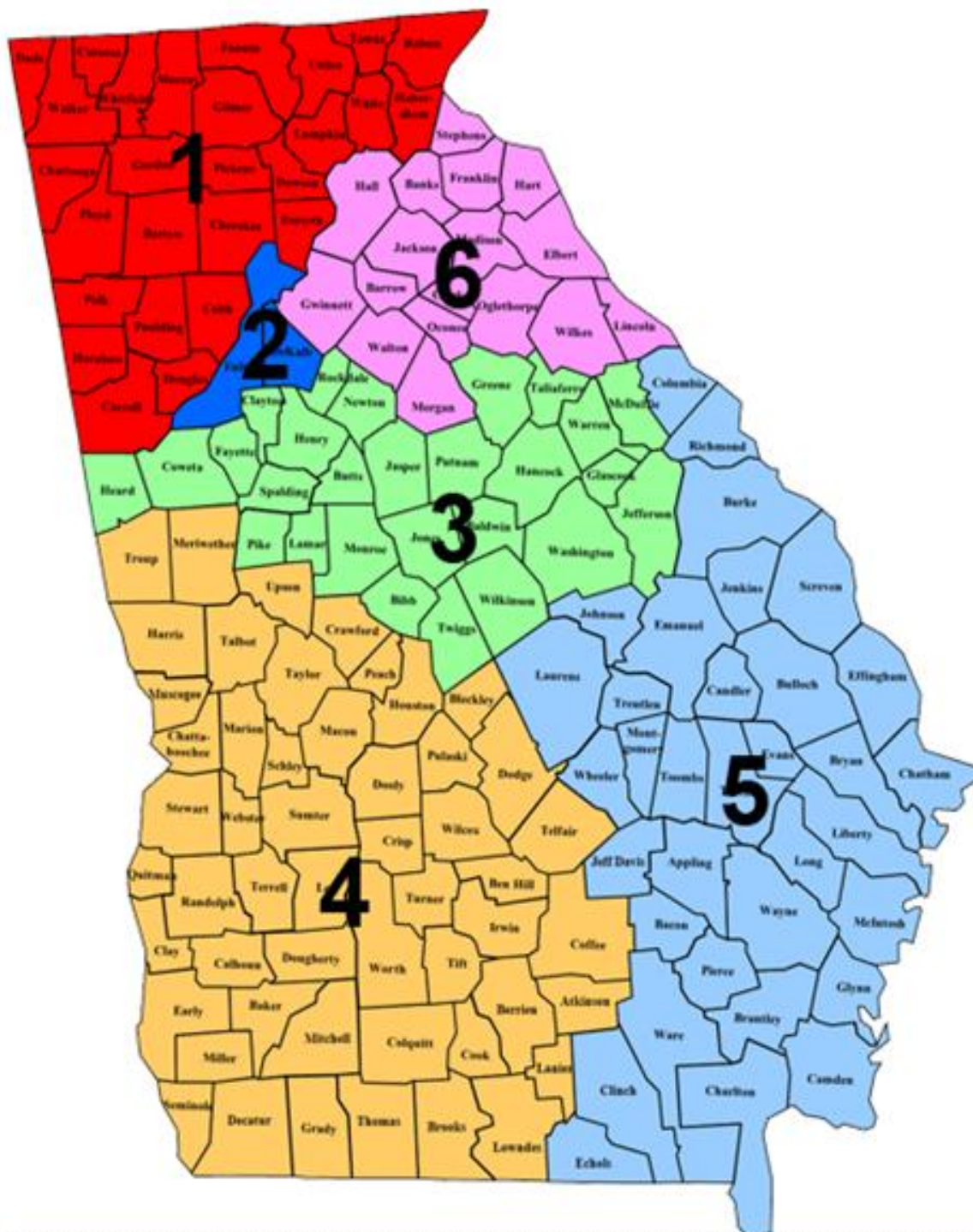
Region 2 – Metro Atlanta

Region 3 – Central Georgia

#### Region 4 – Southwest Georgia

Region 5 – Southeast Georgia

Region 6 – East Georgia





Georgia Department of Early Care and Learning

2 Martin Luther King Jr. Drive, SE  
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<http://www.dec.al.ga.gov/>

## **Mission:**

**Bright from the Start: Georgia Department of Early Care and Learning delivers exemplary early care and education programs that improve the quality of early learning experiences, increase school readiness, and improve overall school performance.**

## **Vision:**

**Bright from the Start: Georgia Department of Early Care and Learning will increase the number of Georgia's children and families who have access to quality early care and learning programs. More of Georgia's early care and learning programs will achieve and maintain higher, measurable, research-based standards.**

## **Contact Information:**

### **Programs:**

**Child Care Licensing.....404-657-5562**  
**Complaints/Concerns.....404-657-5562**  
**Criminal Records.....404-656-5957**  
**Exemptions.....404-657-5562**  
**Head Start Collaboration.....404-651-7425**  
**Pre-K.....404-656-5957**  
**Nutrition Services.....404-656-5957**  
**Quality Initiatives.....404-656-5957**  
**Training.....404-656-5957**



**Applicant Services Unit (Licensing/Registration)**

**Renee Parlier.....Director**

**Kristy Wilcox-Ivey.....Administrative Assistant**

**ASU Consultants**

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**Office Hours: 8:00AM-5:00 PM Monday-Friday (closed on State Holidays)**